A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

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LECTURE I.—PART I.

MR. PRESIDENT AND GENTLEMEN,—I can readily conceive that at the outset of a third course of lectures on the same subject, it should occur to the mind of each person present to question whether the sameness generally inseparable from the pursuance of one line of thought through a series of lectures may not beget tedium and weariness. I can imagine your casting at me the Horatian maxim—

"Quicquid præcipies, esto brevis; ut citò dicta
Percipiant animi docilis, teneantque fideles."

This may be so in dealing with materials not endowed with an indwelling force of outgrowth; but in the adaptation of a principle to vital phenomena we constantly find that "it grows with its growth," and the preconceived idea seems to endow the principle with the power of accreting to itself the facts with which its extension brings it in contact.

I do not know whether, when our house-spider, the *Aranea domestica*, affixes its first fibril to its selected point of attachment, it has any instinctive conception of the dimensions to which its beautifully-made strands and circles are ultimately to attain; I suspect that it is simply, as Ovid expresses it—

"filà remittit
Stamen et antiquas exerret aranea telas;"

but I do know that the contemplation of a general law, in reference to living phenomena, seems to possess an attractive force which impels it to confiscate to its use an infinity and a variety of multifarious material, gathered from the vicinity of its own expansion, which is very difficult of allocation and of accurate arrangement; and thus it is with the principle I am endeavouring to inculcate. This principle leads us first to discern accurately the methods by which nature procures rest for the individual organs, and for the body as a whole, when in health; and, secondly, to discover that, when viewing morbid phenomena by the distinct light of the modes in which mechanical and physiological rest may be induced, and of the varied expedients which suggest themselves to a mind contemplating disease from this point of view, thought crowds upon thought, fact upon fact; and we arrive at the conclusion that there is not an organ or tissue of the body which (provided our knowledge be sufficiently precise) may not be brought within the category of its therapeutic influence.

Much as I have dilated on some of the subjects with which I have occupied your attention, I feel that there is scarcely one which I have not left in a most imperfect and unsatisfactory state, in consequence of the meagre illustrations which the allotted time permitted to me. I believe that most of them might have been pressed home to the more perfect conviction of my hearers, if I could have adduced all the evidence which I had at command. Indeed, I now find myself very much in the position of an architect who shall discover that in his original design he did not carefully estimate the relation between his elevation and its internal details, but, having erected the former, he is obliged to make the proportions of the latter square with his original oversight as best he may. You will instantly perceive this from a mere enumeration of the remaining subjects which I propose to present to you in this my concluding course of lectures.

In the first place, from the unfinished state in which I left the subject of "hip-joint disease," I am bound to give you some further evidence in support of my assertion, that hip-joint diseases are not so commonly scrofulous as has been assumed, or, if scrofulous, are yet curable by "rest." This will lead me to a subject of great interest and importance—viz., to the question of opening abscesses connected with diseased joints.

If, as at present, the diagnosis of hip disease be made to depend on what I have denominated the "outlying symptoms," it follows that other pathological causes besides hip disease, but producing the same symptoms, must be considered in reference both to their diagnosis and their treatment. Hence it will be necessary for me to refer to cases simulating hip disease, but depending on some error in the nervous system; as well as to cases of congenital malposition of the hip-joints, of disease of the sacrum, sacro-iliac joints, &c.: some of these requiring "rest" for their cure; others, in which mechanical rest contributes but little towards a cure. Then, in order to illustrate the non-scrofulous or remediable character of joint diseases, general conclusions should not be drawn from those of the hip-joint alone, but analogies should be found in the other joints, as the knee, foot, elbow, and wrist. The subject will then naturally extend itself to the diseases of the sacro-iliac joints and the proximate lumbar vertebræ, with their media of junction; the sacro-coccygeal articulations, and thence to the sterno-clavicular and sternal articulations, &c.

Unconnected as burns and scalds and joint diseases may appear at first sight, yet the treatment of burns and scalds and their cicatrices will be found to range under the same category when remediably contemplated.

I pointed out last year and displayed the anatomical evidence of a law of nervous distribution in the extremities of the human body, exhibiting the associated nervous supply to the joints, their muscles and the skin over their insertions, and I also explained the analogous anatomical relations of the peritoneum, abdominal muscles, and skin over the abdominal muscles. I must now adduce the facts which prove that this same anatomy obtains also in the other serous membranes, and that it is not less distinctly or less systematically present in the mucous membranes. I shall endeavour to place upon that nervous anatomy some observations and facts which will indicate the important footing which this method of studying the anatomy offers to the surgeon for exemplifying both the therapeutic value of rest, and the vantage ground which it affords him in the treatment of the diseases of the mucous membranes. I shall have also to consider injuries to the viscera of the thorax and abdomen, some of the diseases of the genito urinary organs, of the rectum, of the mouth and its appendages, fractures, &c.; so that you will readily appreciate the largeness of the subject, in comparison with the opportunity for furnishing it to you in a complete form, and therein, I trust, find some excuse for my shortcomings.

I have now, Mr. President and Gentlemen, to request you to consider my lecture of to-day as an extension of the subject which I was considering in my concluding lecture of last year—namely, Disease of the Hip-joint and its neighbourhood, and the influence of rest in the treatment of such cases. The real practical value of any statements which I may have already made, or any opinions which I may hereafter express, adverse to the very generally received notion that scrofula is as a rule associated with diseased joints, especially in the young—or as to the influence of mechanical rest in their treatment, whether they be scrofulous or not,—I say the real value of such reflections must be demonstrated by facts sustaining those opinions and confirming those statements, before they can be expected to produce upon the thinking and reflecting portion of our profession an impression strong enough to force conviction upon their minds, and subsequently to induce them to adopt and carry out such a plan of treatment in their daily practice. My object and intention are to inculcate the high importance of mechanical and physiological rest in the treatment of surgical diseases and accidents. I would not ask you to yield a blind subserviency to an hypothetical idea or to a plausible theory; but I will solicit from you a rational adhesion to true experience, founded on well-ascertained facts; and I now proceed

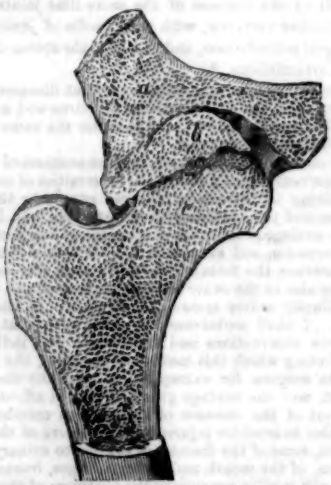
to lay before you the additional facts or cases in support and in corroboration of my own long-entertained views on this subject.

It may be within the recollection of some gentlemen present that at the very conclusion of my last lecture I mentioned two cases of hip-joint disease, in each of which dislocation of the thigh-bone had occurred from disease, and both of the dislocations were reduced. At that time one of the cases had been doing remarkably well up to the period of an accident which led to a severe injury of the new medium of bony union (anchylosis) between the femur and acetabulum. That child remained in the hospital some few months after my last lecture; suppuration was proceeding, and her health certainly receding, but her limb was in a good position. Her parents removed her from Guy's, and from that time I have not been able to ascertain what became of her. The other patient also left the hospital, going on most satisfactorily, and wearing a leathern splint. Here is a short report (March 11th, 1862) of the actual condition of the latter patient from Mr. Stormont, of Cheshunt: "I saw the hip-joint case yesterday. His general health is very good; the limb preserves its position and its length, and there is no pain at the hip-joint on pressure. The splint has not been taken off since his return home."

I refer to these cases because they are very striking, and will establish, possibly, a recommendatory precedent to justify the repetition, in like cases, of such attempts at reduction.

I have here a third case bearing on this subject. The accompanying drawing represents a section of the epiphysis of the femur and acetabulum, taken from the patient to whose case I am now about to refer.

FIG. 1.



This drawing (of the preparation) represents a vertical section of the right os innominatum through the acetabulum and its associated thigh-bone.
a, Os innominatum.
b, Epiphysis of head of femur, partially united by good bone to the acetabulum above, and below to,
c, The neck of the thigh-bone, which has glided a little inwards beyond the epiphysis; nevertheless, bony consolidation was proceeding.

Dislocation of right femur from disease of the hip-joint; reduction of the dislocation two months afterwards; death from pyæmia.

The patient, S. R——, aged twenty-two, was admitted into Guy's Hospital, under my care, on the 31st of October, 1861. Her history was this:—

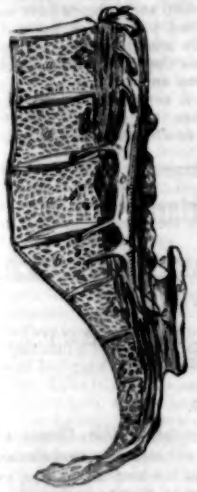
Four months ago she was taken ill, without notable cause, with pains down the right leg and thigh, which confined her to her bed. She remained in bed some time, her leg being then nearly straight. She was suffering great pain in the hip, with inability to move the limb. She had been treated for various local diseases by different medical men, and latterly, up to her coming to Guy's, most assiduously, by a homœopathic physician, for "rheumatic sciatica." Two months before admission the thigh became, in the evening, soon after falling asleep, somewhat suddenly bent, and the foot inverted, and from that time she was unable to straighten the limb. She then had increased pain in the right groin and right knee.

And here, I think, it is worthy of a passing consideration, why it is that these dislocations from disease almost always occur just as the patient is falling off to sleep. It is *then* that volition has withdrawn its influence from the nervous system generally, and when what we call the excito-motory spinal marrow function seems to obtain an exclusive authority over the limbs, and produce the involuntary spasmodic condition of the muscles which causes these displacements. Whether this be the true interpretation or not, you will find, upon referring to the history of these cases, that displacements almost always occur just as the patients are going off to sleep.

This patient came under my care on the 31st of October. On the following day I found her lying in bed, on her left side, suffering much pain in the right hip, thigh, and leg, which was increased on attempting to move the limb. The position of the limb corresponded exactly in direction with that usually occupied by the head of the thigh-bone when dislocated on to the dorsum of the ilium; and this, she assured me, had been her condition for two months previous to her admission. I state this with confidence, for she asserted most positively that the bone had been in that position certainly for two months. The thigh was flexed and turned inwards, knee and foot inverted, and the limb shorter than that on the other side. Pressure upon the trochanter major caused great pain. She had a large, unhealthy bed-sore over the sacrum. As no careful examination of the limb could be made without inducing extreme pain and distress to the patient, chloroform was administered to insensibility and muscular paralysis. On forcibly inverting the right leg, the head of the thigh-bone could be distinctly felt under the muscles upon the dorsum of the ilium. All the other usual local symptoms of dislocation on to the dorsum ilii were present. A powerful and steadily continued effort to reduce the dislocation by simple extension and counter-extension was ineffectually made. I then grasped the thigh, and flexed it several times towards the abdomen, so as to give more freedom to the mobility of the displaced head and neck of the bone; the thigh was then forcibly abducted, and then rotated outwards, in order to lift it from its abnormal position, and to tilt the head of the bone over the edge of the acetabulum; the thigh was then drawn downwards and inwards, the whole limb everted, and the head of the bone passed into the acetabulum, where it could be felt below Poupart's ligament on rotating the limb slightly outwards. The position of the limb had become in every respect normal. I mention these facts, because they afford direct evidence that the dislocation was actually reduced, and reduced two months after the occurrence of the dislocation. She was placed upon her back, a long straight splint, with a foot-piece and transverse support, was applied along the outer side of the lower limb and pelvis, and simply bandaged to them, so as to prevent rotation of the limb, and thence the recurrence of dislocation. In three or four days, although she had been suffering for as many months, all the untoward symptoms of this case had subsided. This improvement was simply and entirely the result of rest, which had accrued to the hip-joint from the two bones forming it having been readjusted in their proper relation to each other. She slept well, was free from pain and febrile condition, the swelling of the thigh had nearly disappeared, and her appetite was good; indeed, she felt better than for the four previous months, complaining only of the bed-sore. She was absolutely quite comfortable, excepting the annoyance of the bed-sore, and improving daily in appearance and strength up to the 12th of December, when she had an intense shivering, followed by fever, headache, and sickness; no pain in the limb or hip-joint, the pulse very rapid, and appetite gone. She was, in fact, the subject of pyæmia, or blood-poison. These symptoms continued, and the local inflammation developed itself in the form of pneumonia, which proved fatal in nine days. She died on the 21st of December, forty-four days after the reduction of the dislocation. The right limb by accurate measurement was found to be rather more than half an inch shorter than the left. The body was examined on the following day, and the whole of the right lung was found pneumonic, with numerous, well-defined, small collections of pus in different parts of it. There was no disease in any other viscus; but I may add, that the bed-sore had reached the interior of the vertebral canal and involved the membranes of the spinal marrow, which extend downwards as far as the second portion of the sacrum, although the marrow itself ceases opposite the second lumbar vertebra. I have several times seen fatal mischief result from a bed-sore extending to the interior of the vertebral canal, and leading to inflammation of the spinal cord and its membranes.

I here place before you, Sir, a preparation (and an accurate drawing of it made by Mr. Tupper) in illustration of this important pathological condition.

FIG. 2.



The accompanying sketch (taken from an anatomical preparation long since made by myself) is introduced to remind the surgeon of the close proximity of the sheath of the spinal marrow and the posterior wall of the sacral portion of the vertebral canal.

a, *a*, *a*, Vertical section of third, fourth, and fifth lumbar vertebræ.

b, *b*, Vertical section of the sacrum.

d, Portion of the arch of the sacrum reflected backwards.

e, *e*, Short delicate elastic ligaments are seen proceeding from the lower part of the spinal dura mater to the concave aspect of the arch of the sacrum.

c, Dura mater, containing exuda equina, arachnoid and cerebro-spinal membrane, reaching a point opposite the second bone of the sacrum. Numerous strong ligaments are seen affixing the dura mater to the posterior ligament of the spine and sacrum opposite the second portion of the sacrum. Three distinct slender ligaments proceed to the third, fourth, and fifth portions of the sacrum.

Recurring to my case, you will observe evidence, (and it is well worthy of note,) that at the age of twenty-two the head of the femur is an epiphysis. Looking at the whole preparation pathologically, it will be seen that reparation had been proceeding in the joint very satisfactorily indeed; and I think we may fairly conclude that, if the patient had not been the subject of fatal pyæmia, this would have been a good case to exemplfy the great advantage likely to accrue from the reduction of a femur dislocated by disease.

The question occurred to my mind, on seeing the bony union of the edge of the acetabulum to a portion of the head of the femur, whether the true epiphysis had been displaced from the acetabulum at the time of the dislocation; whether it was not the projecting portion formed by the neck of the bone which I felt upon the dorsum of the ilium previous to the reduction of the dislocation. If so, it would render the case still more interesting, because it would show that, notwithstanding that both the upper and under surfaces of the epiphysis of the bone were diseased, reparation was in progress, and that as far as the hip was concerned, it may be deemed a successful case. I thought this instance would be a good appendix to the two analogous cases which I had the pleasure of detailing to you last year.

Encouraged by these cases, I hope surgeons may be induced to try to diminish to some extent, if not completely remove, that extreme deformity which they so often meet with in cases of hip-joint disease with dislocation of the thigh-bone, provided they see them before nature has formed a substituted joint or a consolidated ossific union between the ilium and the thigh-bone in an abnormal position. I know it has fallen to the lot of my colleague, Mr. Cock, as well as to myself, so to treat such cases with great advantage to the patients. Thus when the head of the thigh-bone has been displaced high up on the dorsum of the ilium, producing great deformity, pain, and constitutional distress, although it may not have been in his power or mine to replace the head of the bone actually within the acetabulum, yet we have succeeded, in some instances, in mitigating the deformity, relieving much of the pain and constitutional distress, and in restoring the limb to nearly its proper length.

Hip disease, scrofulous (?), treated by "rest;" cured by anchylosis; no distinct abscess.

The next case to which I must allude is one of a girl who was said to have scrofulous disease of the hip joint.

Elizabeth L——, aged nine years, came under my care at Guy's on February 13th, 1861. The mother stated that fifteen months ago the child fell on the pavement, and struck her right hip, but after a day or two she did not complain of any inconvenience. (It is worthy of notice that if we pointedly inquire of the parents or other intelligent person old enough and willing to tell the whole truth, it will almost always turn out that these patients suffering from hip disease have met with accidents, and I believe we may, without forcing the circumstances, almost always associate accident with the origin of hip-joint disease. I am quite aware that with a child the exact account is sometimes very difficult to ascertain, especially when that child has been under the care of a servant; but I feel confident that most of the hip joint diseases in children depend on small accidents.) About a month after this occurrence she spoke of having pain in her right knee, and was lame. These symptoms continued to increase, until she was compelled to use crutches. She attended at an infirmary for two months as an out-patient, and liniments were applied without any relief. She then became an out-patient at University College Hospital during four months; had blisters applied over the hip, and took cod-liver oil; but she gradually got worse. Her mother then kept her at home for eight months; the pain in the knee became so severe, with loss of sleep and health, that she applied at Guy's for admission. On examination, she had all the local symptoms of advanced disease of the right hip-joint: the foot was turned inwards, and the thigh bent, with disposition to dislocation of the head of the thigh-bone on to the dorsum of the ilium. By accurate measurement, the limb on the diseased side was three-quarters of an inch shorter than the opposite one. Much pain was experienced on moving the right hip joint; some fulness (but no distinct fluctuation) existed over the front and back of the joint. Chloroform was administered, the limb carefully and slowly straightened, and an ordinary straight wooden splint with a footpiece was applied along the outer side of the limb and trunk from the foot to near the axilla. She had a firm, unyielding mattress to lie upon; not any medicine was ordered, but good food was freely supplied.

Now here was a young girl who during eleven months previous to her admission into Guy's Hospital had had disease in the right hip joint. Those who had seen her during that time had no doubt about it. At the time of admission hip-joint disease was unequivocally manifested, and her general health was declining. This wooden splint was put on simply for the purpose of ensuring rest to the diseased joint, and it remained on for five months. At the end of that time, on July 5th, 1861, the clinical report states: "Up to this time the splint has been removed only once, as she has been in every respect comfortable; scarcely any tenderness on pressure over the front of the hip-joint, nor is any induced by pressing upon the trochanter major or by striking the heel; both legs are apparently the same in length; the fulness has disappeared; no evidence of suppuration; the joint is becoming firm. Splint to be reapplied and rest continued." Then she is not examined again for three months more; nothing is done but to feed her well and to keep her lying in bed. On Oct. 15th, 1861, after eight months of rest, we find that the tenderness over the head of the thigh-bone is entirely gone; the femur is united to the acetabulum; the thigh and pelvis may be moved together freely without pain; the right limb is about half an inch shorter than the left; she can bear her whole weight upon the right leg—that is, the diseased one—without pain; her general health is first-rate.

FIG. 3.

A leathern splint was made for her by Millikin, and she was permitted to get up. She left the hospital in a fortnight, with injunctions not to attempt to do too much in walking, and to wear the leathern splint night and day. I saw her again on Jan. 21st, 1862. She then had no pain in the knee, thigh, or hip. She could walk half a mile to and from school without pain. The right limb was three-quarters of an inch shorter than the left; the right hip-joint anchylosed, and the limb in a good position. She was in excellent health. The drawing depicts her as she was a little while ago. It was desirable that she should take a proper amount of walking exercise. Vertical pressure upon the thigh-bone was permitted, but the splint was applied for the purpose of preventing any accidental twisting or transverse stress upon the new medium of union between the head of the thigh-bone and the acetabulum. This patient I think you will admit was fairly cured by "mechanical rest."

Hip-joint disease; phthisical patient; abscess absorbed; hip disease cured by anchylosis.

The next case represents more distinctly the scrofulous

aspect. The patient, Mary Ann O'C——, aged seventeen, a dressmaker residing at Woolwich, came under my care at Guy's on the 10th of June, 1857. Her father was phthisical, and she herself had long been in bad health and subject to prolonged attacks of cough. The patient stated that she remembered that two years previously she fell and hurt her left side or hip. In the course of two or three days all apparent effect of this accident had passed away, and she then believed herself in unimpaired health of limb. Four months afterwards she began to be lame; some days she could walk somewhat better, other days not so well. Bearing any weight upon her foot, or stamping, gave rise to pains in the left hip joint. She paid little attention to these pains, for some of her friends said they were "growing pains;" other persons attributed them to the rheumatics, which she inherited from her mother. She soon suffered from continuous and severe pain in the great trochanter and in the gluteal region; and from that time she began slowly to lose flesh. In the course of another month or so she could only just manage to limp about. On admission to the hospital she was in a very weak condition, and suffering from great pain in the hip, with cough and expectoration, and suspected disease at the apices of the lungs, there being slight pulmonic consolidation. She could manage with assistance to stand upright on her right leg, and then the toes of her left foot (or diseased side) just touched the ground. In the recumbent position the left thigh was firmly flexed and slightly adducted. Great pain was felt in the hip joint on pressing the knee or heel upwards towards the hip. A day or two after admission chloroform was administered, and the limb was forcibly straightened; and then a straight wooden splint was applied along the outer side of the limb. Towards the latter end of July the fluctuation of a deep abscess could be felt in the groin below Poupart's ligament. The splint was kept on till the middle of December (six months), when it was removed, as she was then, and had been for a long time, free from pain. The hip-joint was becoming firmly anchylosed, for the pelvis moved with the femur. Yielding to the importunities of the patient, whose condition had so greatly improved, I allowed her to walk about the ward; but she soon afterwards had considerable pain in the hip, and swelling of abscess on the outer side of the thigh. I admit that this permission to walk was a great indiscretion on my part; for I had no right to expect that, in so unhealthy a patient, the new structures which must have formed the medium of union between the two diseased surfaces of bone, or the two articular surfaces which had been diseased, would be competent in six months to resist the morbid effects of direct vertical pressure, or of distorted movements, or even, perhaps, of continuous vibration upon them. For several days she suffered from shivering, loss of appetite, and other symptoms of hectic, but quickly improved again by resting upon her bed. On February 5th, 1858, after eight months of rest, the femur and acetabulum were firmly united, and the fluctuation of the abscess had disappeared. Here, then, is a phthisical patient, having unhealthy phthisical parents and severe disease of the hip joint, who has, notwithstanding all this, by keeping the joint at rest by a simple but efficient splint and remaining perfectly quiet in bed, actually improved in general health (this is the bugbear of many persons, who say you must not keep a patient in bed, because the health is damaged by it), and the hip disease is nearly cured—that is, anchylosis is effected. The patient was able to get about, under my observation, for some considerable time, and then I lost sight of her.

I may say that I have never seen a severe case of hip-joint disease under treatment by rest where the patient has not been improved in general health by rest in bed. As a rule, nearly all the constitutional disturbance has usually disappeared after a short time—two, three, or four weeks. In my opinion, then, it is not sound in argument nor true in fact, to state that the general health of a patient who has hip-joint disease suffers uncompensated injury by lying in bed and keeping the diseased parts perfectly quiet.

One of the most frequent, and sometimes ultimately one of the most important, concomitants of hip disease is abscess; but it does not necessarily follow, because we find an abscess near a diseased joint, that it should be in direct communication with the interior of that joint. I have several times seen in the groin and in the popliteal region small abscesses associated with the hip-joint and knee-joint respectively, but simply depending upon an indirect communication through the medium of the lymphatics, and not the result of a direct extension of suppuration from within the knee or the hip-joint. I have also seen the following erroneous interpretation committed in consultation—viz., that the existence of enlarged glands in the groin, associated with hip- or knee-joint disease, or the like glandular condition in the popliteal space connected with knee joint disease, and a similar state of enlarged glands just above the internal condyle or within the axilla, and accompanying disease of the elbow-joint,—I have known these states mistaken as marked local evidence of scrofula; but such glands have entirely subsided as soon as the diseased joints have got well, thus showing their association simply with lymphatic absorption, and arrest of morbid fluid within the glands. No doubt, however, the rule is, that when deep suppuration occurs in close proximity to a diseased joint, it communicates directly with the interior of that joint, and then the question is brought before the surgeon for his decision as to what is to be done with the abscess.

Clinical Lectures
ON
THE RECENT EPIDEMIC OF FEVER.

Delivered at St. Thomas's Hospital,

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LECTURE I.

GENTLEMEN,—I cannot better commence this Course of Clinical Lectures than by drawing your attention to the cases of fever which we have recently had in the hospital. These, as you are aware, have presented examples of both the forms of the disease which we ordinarily meet with—typhus and typhoid,—and thus afford the opportunity of pointing out the analogies and differences of these affections, and of inquiring how far our experience during the recent epidemic has confirmed or opposed the views previously expressed in reference to them.

In 1856 we had a considerable number of cases of both these forms of fever in the hospital, but since that time we have not, till within the last twelve months, seen much specific fever of any kind, though remittent fever, dependent on malarious poisoning, was, during a portion of the time, of frequent occurrence, and corresponded with an unusual prevalence of ague. In 1857 I had under my care in the hospital a few cases both of typhus and typhoid. In 1858 and 1859 there was but little typhoid fever, and I did not treat a single case of typhus. In 1860 typhoid became of more frequent occurrence, but still no cases of typhus were met with; but in 1861 typhoid became very prevalent, especially with the advance of the year, in summer and autumn; and in the last three months of the year typhus made its appearance, became very prevalent in the winter, and is still of frequent occurrence.

These facts mark distinctions which characterize these two forms of fever. Typhoid is an endemic disease, dependent on causes which are always more or less in operation, and is, therefore, to a greater or less degree, always occurring. Typhus, on the contrary, is an epidemic disease, connected with causes which are only temporary, and it consequently is only seen at intervals, and prevails with very varying severity at different times.

As a general rule, typhus is most prevalent in cold weather, winter and spring; typhoid in warm seasons, summer and autumn: and the explanation of this difference is to be found in the causes which conduce to the spread of the affections. Typhus is in a large proportion of cases propagated by contagion, and consequently spreads most when, from the weather, the poorer portion of the population among whom it prevails are less in the open air, and their houses more crowded and less freely ventilated. Typhoid, on the contrary, generally depends on decomposing animal matters, and is consequently most common in hot weather, when such decomposition most actively proceeds. Our recent observations entirely confirm these views. Of 13 cases of typhus treated by myself, 10 occurred in winter and spring, and only 3 in summer and autumn; while of 32 cases of typhoid, 10 only occurred in winter and spring, and 22 in summer and autumn.

I have already expressed the opinion that typhus generally depends on contagion. On this point also the experience of the present epidemic is conclusive. Of the 13 patients referred to, in 3 there had been other members of the same families in the hospital labouring under typhus. In some cases it was ascertained that persons of the same family, or residing in the same house, had had fever, or were suffering from it at home or in public institutions; and in others the patients were men out of work, on the tramp from place to place, sleeping in the common lodging-houses or in the union workhouses, where they were very likely to be exposed to contagion. But we have had much more conclusive proof of the infectious character of typhus; for, as you are aware, we have had five of the nurses ill with fever,* contracted from the patients upon whom they were in attendance; and in at least two instances, patients labouring under other diseases, in beds adjacent to those occupied by cases of fever, have taken the disease. I have visited the houses from which three of the patients now in the hospital were removed. In one I found that the mother of the family had been removed to the Fever Hospital. In another house, four children of the same family had all had fever, and the mother of the patient in the hospital, after having been in attendance upon them, took fever, and died in the workhouse. In the third house, the mother and brother of the patient had died; and a neighbour, the mother of a large family of children, who had gone in to nurse them, took the disease, and had died of it. Thus in four houses not less than twelve cases of typhus had occurred, and at least four persons had died of the disease.

The question has several times been asked whether, as typhus is thus virulently contagious, we are justified in mixing cases of the disease with patients labouring under other affections. To this I should answer, that so long as the space allotted to each patient in the wards is ample, that there is good ventilation, and that only a limited number of typhus cases is admitted into each ward, there is little or no danger of the disease spreading, except to those who are in constant attendance upon the patients, and who would, under any circumstances, be exposed to take the disease. Thus I have never seen a conclusive case of infection amongst the patients in the new wards; while I have often observed the disease spread in the older parts of the building. Were, however, the typhus patients placed in special fever wards, the poison would become so concentrated that everyone brought under its influence, and not protected by having previously had the disease, would be almost certain to take it.

In my former lectures I estimated the incubative period, or the time which elapses between the receipt of the poison and the development of the disease, at from about ten to fourteen days. I have during the last epidemic been led, in some degree, to modify this opinion. In various cases in which the disease was taken in the hospital, the period which elapsed may have varied from ten to thirty-one days; for it is impossible, when patients have been exposed at various times to different foci of contagion, to decide from what source and at what period they may have taken the poison. In one instance, however, in which a man was admitted into a surgical ward for some slight malady, and subsequently was attacked by typhus, to which he could only have been exposed prior to his admission into the hospital, the latent period could not have been less than nineteen days. Probably we may estimate it ordinarily at from fourteen to twenty-one days.

In reference to typhoid, there can be little doubt that the disease is capable of being propagated by contagion; but the poison is much less active than that of typhus, and is readily dissipated by ventilation, and I have never seen the disease spread in any part of the hospital. It is true that early last year I had under my care a case of typhoid in one of the probationer nurses; but there was no reason to suppose that the disease had been contracted from any patient; indeed, there was not at the time any case of typhoid upon which the nurse had been in attendance. Observations, however, collected in this and other countries, and especially in country villages, show that sometimes the disease passes from house to house, and affects one patient after another in such a way as to render it probable it is occasionally propagated by contagion. Facts of this kind are, it is true, open to objection; for the patients being all exposed to the operation of the same causes, the disease may originate independently in each case. Occasionally, however, we find infected persons, removed to houses or districts previously free from the disease, propagate it in the situations to which they are removed, and thus afford conclusive proofs of contagion; but such cases are undoubtedly very rare, and generally the disease arises from defective sewage arrangements, and exposure to decomposing animal matters.

There is a marked difference between typhus and typhoid fevers in the ages of the persons who are commonly affected by the two diseases. Typhus occurs at all periods of life; typhoid chiefly in young persons, and rarely after middle age. The cases of typhus recently treated occurred in persons ranging from 18 to 55 years of age, and presented a mean age of 30·4; and had two patients now in the hospital, aged 5 and 9, been included in the calculation, the range would have been still further extended. The mean age of the patients with typhoid was much less, or 19·9, and the range was from 5 to 51 years, the latter being, however, a very unusual age for anyone affected with typhoid. With this exception, no patient was older than 30, and of 44 cases of the disease which I analyzed for my last course of lectures on fever, 3 patients only attained the age of 40, and none exceeded it.

The diseases also differ very materially in the modes in which they commence, and the severity of the early symptoms. Typhus occurs suddenly, and rapidly produces prostration of strength, so that patients soon seek admission into hospital; typhoid, on the contrary, generally commences by slight indisposition, and so gradually and insidiously advances, that it is often difficult to fix the precise duration of the disease. When, also, in typhoid, there is a more obvious commencement of illness, the attack is often found to have supervened upon a prolonged period of indisposition. To these rules the cases recently treated afford no exception. In 6 of the cases of typhus, the patients' intelligence was so much impaired at the time of their admission, that no accurate statement of the duration of their illnesses could be obtained; but of the other 7, 2 were admitted into the hospital on the fifth day, 1 on the sixth, 2 on the eighth, and 2 on the ninth or tenth day, giving a mean period of illness before admission of 7·4 days. In the cases of typhoid, 25 in number, 14 were admitted at periods not exceeding a week from the commencement of the symptoms; 3 in the second week; 5 in the third week; 1 at the end of a month; 1 at six weeks, and 1 at nine weeks, or 11 at periods varying from one to nine weeks.

The eruptions which occur on the skin in these forms of fever also present striking differences between the two diseases in the frequency of their occurrence, the periods at which they appear, and the form they assume. The cases of typhus all presented more or less marked eruption on the skin. In one case only, however, was it observed to come out, and in this, the former period of illness could not be ascertained. In the nurses and patients who took the disease in the hospital, the eruption first appeared on the third or fourth day, and in the other cases in which it was already out at the time of the patient's admission, the period of appearance must have been before the fifth or sixth day.

The form of the rash was generally very characteristic. At first it appeared as discute and slightly elevated spots of a dingy colour, and which faded on pressure. Very shortly the spots ceased to be at all elevated; the subjacent portions of the skin became mottled by what has been termed the subcutaneous rash, and the whole eruption faded less completely on pressure; and still later the eruption became very livid, and was very little, if at all, affected by pressure, and often interspersed with large petechial spots. The lividity of the eruption varied according to the age and power of the patients. In some of the nurses, who were young and healthy, it never had a purple but rather a pinkish colour. In others of the patients who were more advanced in age and less healthy, the spots were from the first very dingy in colour, and rapidly became petechial.

The duration of the eruption varied considerably. In the slighter attacks it was very trivial, only continuing for a day or two, and never very fully developing itself. In others it became very full, and continued for many days—in different cases from six to fourteen. Usually the amendment was coincident with the disappearance of the eruption; but in some instances, where the eruption had been decidedly petechial, the spots did not entirely disappear till after the patients were well advanced in convalescence. Sudamina were of very rare occurrence in the epidemic, and were few in number when observed.

In the cases of typhoid the peculiar eruption was noticed in only a small proportion of cases, though it was always carefully looked for. Of 3 cases, 18 only presented any spots. This is a much smaller proportion than in the cases which I previously reported upon; of 66 cases, the spots were then observed in 53. The period at which the eruption appeared was also usually later than in typhus. Thus it was noticed in only 1 case before the end of the first week from seizure, in 5 in

* In all, nine nurses took fever during the epidemic.

the second week, in 3 in the third week, in 2 in the fourth week, and in other cases at still later periods. Its form was that of small, elevated, but not acuminated, rose-coloured, ill-defined, and variously sized pimples, which appeared in small crops of from two or three to five or six, continued for two or three days, and then passed away, to be succeeded by others, if the disease still pursued its course. The period during which the spots were observed averaged 8·7 days, and ranged from 2 or 3 to 16 days.

It has been thought that the eruption in typhoid is least frequent in young persons, but my observations do not confirm this idea. Of 16 persons in whom the eruption was present, the mean age was 20·3, and the extremes of age 13 and 28; while of 13 persons in whom there was no eruption on the skin at any time during the progress of the disease, the mean age was 17·6, and the extremes 8 and 30,—a difference too slight to indicate any special influence of age.

It has also been supposed that the intensity of the disease influences the occurrence of the eruption, but this also appears doubtful. Of the three fatal cases, one had never at any time any eruption on the skin; a second had an eruption; and in the third, which proved fatal during relapse, there was no eruption in the primary attack, but some appeared during the relapse. I believe that the analysis of a larger number of cases would furnish similar results. I have been in the habit of regarding a copious eruption on the skin, in cases of typhoid, as furnishing rather a favourable omen. In the cases of typhoid—probably in part from the season of the year in which they chiefly occurred—sudamina were both more frequently found and were more numerous than in typhus.

(To be concluded.)

PHLEBECTASIS LARYNGEA.

By MORELL MACKENZIE, M.B. Lond.,
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Congestion of the veins of the larynx is sometimes a purely local affection, though it is more frequently one of the manifestations of a disease expressed to a greater or less extent in other parts of the body. It occurs principally in middle-aged and elderly people; and when present, other veins generally evince a decided disposition to distension and tortuosity. It is found "in persons affected with a morbid preponderance of the venous system," as Prof. Hasse well describes that constitutional condition. The disease, however, occasionally appears to be purely local—caused, it would seem, by some undue strain to which the parts have been subjected. Sometimes it is the sequence of an antecedent inflammatory attack; and in one case that has come under observation it appeared that the small veins had not regained their normal tonicity after an attack of acute laryngitis which had occurred some months previously.

When there is loss of voice, and the veins in the fauces are dark and enlarged, a similar condition of the laryngeal vessels may be suspected, though the former frequently exists without the presence of the latter. Sometimes, also, the swollen condition of the superficial veins of the neck is a striking index to the state of the deeper-seated vessels. In some cases the secretion of the laryngeal mucous membrane is very much increased, though in others it does not seem to be in any way affected. Cough, and uneasy sensations in the larynx, referred to the thyroid cartilage, are almost invariably present.

By means of the laryngoscope, however, definite evidence concerning the condition of the throat can be at once obtained. In mild cases, when the disease is very limited, extremely fine dark vessels may be seen upon the true vocal cords, running parallel and near to their free edges. In more severe cases there is less regularity in the distribution of the distended veins, which may be observed on the true or false vocal cords, the arytenoid cartilages, or other parts of the larynx.

Though this condition of the larynx is in itself attended with inconvenience, producing as it does hoarseness, and, in some cases, complete loss of voice, it may very possibly give rise to still more serious phenomena; for the relation between absorption and exhalation is likely to be disturbed, the normal osmotic action is interrupted, and the gorged and toneless vessels are liable to relieve themselves by allowing some of the watery elements of the blood to transude into the submucous areolar tissue. Thus that dangerous affection, œdema glottidis, with all its fatal train of symptoms, may suddenly supervene. Many cases of œdema of the glottis, the pathology of which has hitherto been quite unexplained, may have been due to the morbid condition under consideration—a condition which has not hitherto been noticed, but which, now that attention has been called to it, will probably be more frequently found. The danger of interstitial exudation seems to be diminished when the secretion of the mucous membrane is increased; the flux, as it were, warding off the dropsy. The risk of the dilated vessels permitting the watery elements of the blood to transude their walls in excess, is enhanced by the great pressure to which they are subjected in coughing, whilst the coughing itself is a consequence of the disagreeable sensations caused by the distended veins.

The treatment should be both local and constitutional; whilst the morbid condition of the part is combated by topical remedies, suitable hygienic and medicinal agents must be employed against the diathetic predisposition. Mechanical support, the physical operation of which is attended with such happy results in the treatment of superficial varicose veins, cannot, unfortunately, be applied to the dilated laryngeal vessels; nevertheless, the analogy establishes a basis for rational therapeutics, and as the purely physical treatment is impracticable, it must be imitated as far as possible by chemical agency. This can be accomplished by means of astringent applications, which by their action on the tissues generally, and especially on the vessels, are sometimes very useful. Thirty grains of tannic acid, with two drachms of rectified spirits of wine, and three ounces of water, mixed together, make an excellent application, and with it the lining membrane of the larynx should be swabbed daily, or every other day. Stimulant remedies, by accelerating the local circulation, and thereby favouring the contraction of the vessels, are also efficacious. Fifteen minims of the tincture of capsicum, in an ounce of water, will be found sufficiently stimulating, without being too irritant. The case detailed below, which was unusually severe, was successfully treated with this application. The constitutional treatment should be directed towards bracing up the system. Lowering remedies are on no account to be used; for though congestion is present, it is the congestion of debility. Exercise in the open air, sponging with tepid water, frictions of the skin, a nourishing and rather stimulating diet, the avoidance of late hours and over-heated rooms, are the means best calculated to impart tone and vigour to the relaxed and feeble constitution, which is generally the predisposing cause of phlebectasis laryngea.

The foregoing remarks may perhaps acquire a practical interest from the following details of a case selected from among several others as being peculiarly illustrative of the disease:—

Mary C——, a stoutish woman, aged about five-and-forty, applied for relief, on account of sore throat and loss of voice, on the 2nd of January last. Though inclined to obesity, she was deficient in muscular power. The pulse was small, weak, and slow; the right side of the heart appeared to be dilated, and the apex-beat was very feeble. The patient was not troubled with varicose veins of the leg, but she suffered from constant coldness of the lower extremities; and though free from hæmorrhoids, she was habitually constipated. It thus appears that both in the general and hepatic systems there was an undeniable languor of circulation. The countenance was somewhat bloated, and the complexion had a decidedly purple hue. The patient, who is a nurse in the hospital, stated that the hoarseness had already existed for about a week, and that it came on quite suddenly. She complained of a sensation of heat in the throat, and a troublesome cough, unaccompanied by expectoration.

On looking into the throat, the veins in the fauces were observed to be dark and highly engorged; and on making a laryngoscopic examination, a large swollen vein was seen on the left side, running from the false to the true vocal cord, along the latter for a short distance from before backwards, then being lost from view, and again reappearing on the posterior surface of the arytenoid cartilage. Though in the image in the laryngeal mirror the vein appeared to pass directly between the true and false vocal cords, of course it could really only do so by being continued round the wall of the ventricle of the larynx; it is probable also that the gorged vein ascended on the anterior surface of the arytenoid cartilage, where it would likewise be removed from the field of vision. The annexed cut, after a drawing copied from a sketch taken at the time, exhibits the appearance as seen in the laryngeal mirror.

It must be remembered that the parts are reversed in the mirror, both as regards right and left, and anterior and posterior.

The stimulant treatment was adopted, and the lining membrane of the larynx was swabbed daily with the diluted tincture of capsicum; the system was invigorated by suitable hygienic treatment, and, as there were debility and loss of appetite, quinine was prescribed. Though this treatment was industriously pursued, there was no alteration in the appearance of the veins till the end of a week, when the large vein on the left side ceased to be visible on the superior ligament of the larynx, though it was still seen on the true vocal cords: the hoarseness was no better. Four days afterwards (on the 13th of January), the treatment having been continued, the left half of the larynx appeared quite healthy, though the right vocal cord was still in the same condition as when first seen; the voice was much improved, though still harsh. The application was now repeated twice a week for a fortnight longer, when, the voice being quite regained, the treatment was discontinued, though a few fine vessels were still to be seen on the right vocal cord.

ON A

NEW FORCEPS FOR USE IN OPHTHALMIC SURGERY.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.,
SURGEON TO THE LEEDS EYE AND EAR INFIRMARY.

THOUGH, unquestionably, in the great majority of cases of cataract extraction, the removal of foreign bodies from the cornea, and other operations where a fixed condition of the eyeball is required, the fingers of the operator are the best ophthalmostate that can be employed, yet as unquestionably a certain number of cases are met with in which some other means of steadying the globe is desirable. While, however, the numerous instruments which in different ages have been invented for this purpose prove the want which so many operators have felt of some means of safely and securely fixing the eyeball, the varied forms of their instruments and the successive abandonment of each of them, equally prove their inefficiency for the purpose intended. Specula of various forms, rings, thimbles, prongs, and forceps have been devised, lauded, disused, and most of them forgotten; so that in many of the recent works on ophthalmic surgery they are either not alluded to at all, or they are only noticed to be condemned. But in this condemnation there is not entire unanimity, as Mr. France, some four years ago, introduced the use of strong sharp-toothed forceps for seizing the eyeball, which he thinks "facilitates the operation in difficult cases in exact proportion to their previous difficulty and risk." Mr. France has since, on more than one occasion, published many cases, the successful issue of which he attributes to the use of the forceps; and, still more lately, Mr. Poland has had "no hesitation in pronouncing this method a most valuable addition to the operation of extraction."

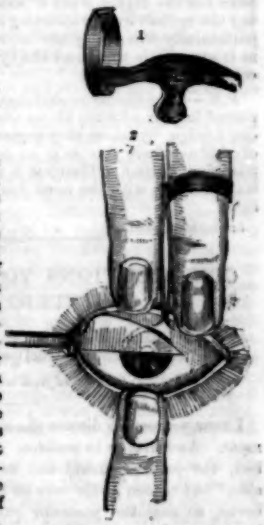
The objections to all the plans which have hitherto been proposed, and, indeed, have mainly caused their rejection, apply, I apprehend, rather to the imperfections and inconveniences of the instruments than to the principle itself. The instruments and the objections to them may be divided into two classes:—

1st. Instruments intended to be held by the operator himself. Here one of his hands is occupied by the instrument, when it might be much more efficiently employed upon the eyeball and eyelids; and there is the difficulty of applying that exact degree of pressure—neither too much nor too little—and in the precise spot required, as shall just secure the steadiness of the eyeball, and give the exact amount of counter-pressure to the passage of the knife through the cornea which is necessary, and no more.

2nd. When the instrument is intended to be held by an assistant. This occasions the introduction of a third hand, which may be much in the way of the operator, and, above all, involves the utter impossibility of securing that consentaneity of manipulation which is so essential to success in the section of the cornea. With the operator himself the adaptation of minutely varying force and the direction of it is, so to speak, intuitively instantaneous; when two heads and three or four hands are employed, however skilful they may be when acting alone, this can hardly be secured.

This latter objection to mechanical apparatus for steadying the eyeball, where the control is by the hands of an assistant, and which is common to the forceps of Mr. France with older methods, is so serious that with many operators it has been, and, I believe, will continue to be, considered as a fatal one. I am convinced that any means, to be really effective, must be entirely under the control of the operator himself, and yet so arranged as not to occupy a hand, or even to much interfere with the delicate motion of the fingers.

With this object I have constructed a pair of forceps, the form of which, and the mode of using, will be better understood from examining the accompanying sketches, for which I am indebted to my friend and colleague, Mr. H. M. Atkinson.



The forceps are intended to be held between the first and second fingers. To some slight extent they must vary in length with the length of the operator's hand. For my hand they are an inch and a half long. This will answer for most persons; but those whose fingers are very long or short may require them to be made one-eighth of an inch longer or shorter. They should reach from the upper third of the middle phalanx to the tip of the fingers, with which the points should be *exactly even*, so that when the fingers, in the ordinary way in extraction of the lens, reach over the margin of the lid, and rest upon the ball, the points of the forceps should be able to grip the morsel of conjunctiva and sub-conjunctival tissue which then lies between their points. If the forceps be too long, they would press too much upon the middle joint of the finger, so as to interfere with its motions, or the points would project too much and injure the ball. If, on the contrary, they are too short, they cannot be held steadily, or they cannot seize the tissue, and so would become useless. They are slightly curved in their length to correspond with the bend in the distal joints of the two fingers when these rest upon the eyeball. (If preferred the blades might be straight, and the ring be set somewhat obliquely to them, by which the same position would be secured.) On the end is fixed transversely at right angles, a light ring of watch-spring sufficiently large to just pass without force upon the middle phalanx of the second finger, by which the forceps are held in position. The ring should be an open one, so as to accommodate itself to the finger without any great pressure. On the outer side of the forceps is a slightly curved and roughened clip upon which the forefinger rests, and thus steadies and guides them. They should be light, so as not to require much force to bring the blades together, or the free motions of the fingers will be impaired in exercising it, and yet they must be sufficiently strong not to spring when they are brought together, or the points will not hold; the blades being slightly bowed from each other at their middle part will assist this, and allow of the tips of the two fingers being somewhat separated from each other as is usual when they touch the eyeball as the section of the cornea is made. Their points should be small, but firm, and terminate with sharp short teeth set at right angles, so as to fit well into each other.

Those who are ambidextrous should have two pairs of forceps made—one for the right, the other for the left hand, with the ring and the clip reversed; for though a single pair may answer, the ring being placed upon the long or forefinger as the left or right hand is employed for steadying the eye, it will, I think, be found in practice more convenient to place the ring upon the long than upon the forefinger; at least I find it so.

It is necessary, as Mr. France has remarked, to seize the subconjunctival tissue, or the hold will not be sufficiently firm, but as the fingers of the operator assist, a much slighter hold of the tissue will be required than where the forceps are held by the hand of another. As he has also remarked, the inconvenience thereby occasioned is so trivial and momentary, as to be of no importance, for neither spasm nor inflammation, which have been alleged to have been occasioned by mechanical restraints, are ever induced by so seizing the tissues.

Such forceps will, perhaps, be even of more value in examinations of the eyeball in nervous, irritable persons, and in timid children, where there is photophobia, and especially in the removal of a foreign body imbedded in the cornea, than in cataract extraction or operations upon the iris; for, as I have said, in these latter operations the necessity for any means of fixing the eyeball, other than the operator's fingers, is rather the exception than the rule, whereas every surgeon must not unfrequently have felt the urgent want of some effectual method for steadying the eyeball when extracting small particles from the cornea, particularly when they are buried in its laminæ, or have been in it some little time, and the eye has become inflamed, or the cornea soft and tender.

P.S.—Since the above sketches were taken, I have had made a pair of forceps with the blades crossing each other, as in the bull-dog forceps, by which they become *self-holding; thus the fingers are left as wholly free as if no forceps were employed*, and all possible objection to their use is removed, as they do not in any way interfere with the most delicate manipulation of the operator.

Leeds, June, 1862.

CONTRIBUTIONS TO THE SCIENCE OF OBSTETRIC SURGERY.

BY CHAS. EDWARDS, A.B., M.D., F.R.C.S., Cheltenham.

(*Concluded from vol. ii. 1861, p. 614.*)

I NOW proceed to discuss the salient points of the after-treatment. And first as to position. After having been removed to bed, the patient should not be merely "placed on her left side," but turned as far over on the face as can be comfortably borne, so that the posterior part of the wound may be the least dependent. By a little address this can be accomplished by elevating the hip, the thighs and knees being bandaged lightly together, the line from the hip to the knee representing an inclined plane. This plus-semiprone position should be maintained as continuously as possible, and especially after inserting the catheter. The collection of vaginal discharges and the contact of urine can thus with a little management be almost entirely prevented, and simple ablution will thus quite supersede Mr. Brown's "injections of tepid water two or three times daily," the injecting instrument possibly in some cases proving no pledge of fealty to the adhesive process. The collodion varnish, advised in my last paper, will also render unnecessary the "cold-water dressing." (p. 37, *op. cit.*)

The next consideration is that of the catheter. This may be fixed in the bladder, unless the surgeon feel disposed to visit the lady "every four or six hours" night and day for a week or two; but an expedient most happily adopted by me in a case lately operated upon may possibly be worthy of consideration—namely, to teach the patient to introduce the catheter for herself. This operation I strenuously oppose being assigned to the nurse, as she will be pretty sure to contribute her quota to a recto-vaginal imperfection. When the patient is taught to operate, her *sensus et tactus eruditus* invariably conspire to prevent such an accident.

With respect to opium, to procure a necessary constipation, I may just observe that, although six grains per diem were administered for ten days, the patient alluded to had no headache, and complained sadly that she could get no sleep.

As to diet, I advise very little *fluid* of any kind—at least till the patient shall be adroit with the catheter; and I specially recommend those kinds of solids which leave least fæcal residue. Vegetable diet is therefore prohibited, with the exception of rice, which, though vulgarly and erroneously regarded as an astringent, is simply digested, leaving little *débris*.

We next proceed to the sutures. And here I would simply say that whether the superficial or the deep, or some of each together, are to be first removed, must be determined by the application of the art and science of surgery to the actual condition of the wound, &c.; but if a choice were permitted, I should advise the quill sutures to be first removed, as in some cases where they may have been too well or forcibly approximated, their surviving the removal of the superficial ones may cause divergence *at the site of the latter*, and so impede adhesion.

Aperients.—We next consider the Augean process, which may be safely instituted about the tenth day; and therefore we should scarcely solicit such a Herculean effort as would be involved by Mr. Brown's directions to "keep the bowels constipated *two or three weeks* after the parts have united." (p. 30, *op. cit.*)

I think that the "strength of the adhesion set up and the amount of reparation of lost tissue" shall have proved either a *fait accompli* or a hopeless failure long before that period. If a failure, what benefit is derivable from such a fæcal burden?—sloughing I should expect. If a success, it will only be imperiled by a useless procrastination of the Herculean task. Such are the horns of my dilemma.

To perform this task (with description as euphemismal as possible) I next essay, but certainly not with "injections of warm water and castor oil," (p. 38, *op. cit.*) Such a feat is simply impracticable, as they cannot pass, for the site is a plenum, and magnitudes cannot at once occupy the same space.

I administer a good draught of castor oil with about one-fourth of the best Lucca oil (why this admixture?—try, and see the effect); and supporting the new perineum when hardened masses cause stretching and appear in view, let one nurse carefully, and under surgical superintendence, use the escope, aided by a stream of warm water from a double-action syringe, held at a distance, and plied by another *con amore*.

Recto-vaginal imperfection.—Should this unhappily result, Mr. Brown's practice (p. 57, *op. cit.*) is as follows:—"A small recto-vaginal opening is discoverable; apply strong acetum lyttæ to its walls;" then, "this not closing as quickly as could be wished, introducing a rectum speculum into the bowel, and a uterine speculum into the vagina, &c., I obtained a perfect view." Doubtless a very perfect view! and likely to become more perfect by the joint tenancy of the two rival specula.

Supposing that this specular demonstration may be more visually gratifying than tributary to adhesion, I advise the following method:—First ascertain the rectal outlet by injecting a little tepid water through the vagina; then insert and secure in the hollow of an instrument, precisely similar to Lallemand's *porte-caustique*, a small piece of lint, well saturated with Burt's liquor (a vesicatory first introduced to my notice by Mr. M'Whinnie); introduce this from the rectum into the ascertained aperture, and unsheath *secundum artem;* and you will find that an instrument much abused by empirics may have its nativity viewed without regret, were it only applicable to this special mission. It will quite supersede the double distension of the two specula *semel*, and consequent disruption of the partial adhesion gained, as also the gentle affair of the "actual cautery by means of a bent iron instrument," which, however potent, may not be so elective of the tract to touch.

Finally, to consider the work of any man perfect is but an obeisance to human frailty and pride. Everything, surgical or otherwise, admits of development and improvement; and if, as I love to do, I have criticized unsparingly, yet I trust I have done so with respect,—for each point rendering a reason,—in the hope that a better knowledge when and how to operate may by these papers be diffused and developed, so as to reduce to a minimum the difficulties of an operation capable of relieving one of the most pitiable examples of human deformity.

Havelock House, Cheltenham, 1862.

SALE OF COSMETICS IN FRANCE.—A very favourable report has lately been presented, by M. Trébuchet, to the Academy of Medicine of Paris, on an essay, by M. Réveil, treating of the danger of using cosmetics, many of them being composed of noxious substances. The Academy has pointed out to the Secretary of State for Commerce that it is important to check such sales, and to enforce existing laws and regulations, by which the dangerous effects of some cosmetics may be prevented.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

CLINICAL REMARKS ON A FATAL CASE OF LEUCOCYTHÆMIA SPLENICA; ENLARGEMENT OF SPLEEN, WITH PULMONARY TUBERCULOSIS.

(Under the care of Dr. REES.)

IN our "Mirror" for July 6th, 1861, p. 9, will be found recorded some cases of anæmia lymphatica and leucocythæmia splenica; and at page 551 of the same volume is an example of the latter, described by Dr. Trevor Morris, in which profuse diarrhœa was a prominent symptom. The following case is one of considerable interest, from the manner in which the enlarged spleen was bound down by adhesions, thus rendering at one time the diagnosis somewhat obscure:—

Elizabeth E——, aged twenty-six, single, admitted December 4th, 1861. Has lived as cook at Rayleigh, in Essex. Has been always delicate. Father and mother both alive. Has had a cough for the last three years during the winter. Twelve months ago she was in Lydia ward, under Dr. Barlow, with pain in the left side and cough. The pain increased on going up stairs, or on any exertion. In three months she went out, the pain having disappeared; but just before she left she noticed a general swelling of the abdomen: it was soft and tender, and she did not think it important. The swelling, however, increased, and she applied to a medical man, who told her it was dropsy, and that she must leave off her stays. She now noticed a distinct hard tumour in the left side. She has not suffered much pain, except on standing, when the weight causes it. Has frequently spat blood. Three months ago vomited some dark clots every night for some time. Has lately had epistaxis two or three times a week. Has never menstruated regularly, and not at all for twelve months. Has had leucorrhœa. Has noticed her urine thick for the last two months, sometimes streaked with white matter; no pain on micturition. Sweats at night. Left leg swells on standing. Has had ague twice, the last time ten years ago.

On admission, she complained of a sinking feeling at the stomach, vomiting in the morning, shortness of breath, and frequent cough. Bowels irregular. Unusual dulness below the fourth rib on the left side beyond the nipple. There is a general swelling of the belly, more prominent on the left side, where a firm hard tumour is felt occupying the whole of that side, and its edge can be felt beyond the middle line on the right side, passing under the ribs, and in front found by percussion to be overlaid by intestine; there is no tenderness, except a little at the lower part. She can lie on either side, but prefers the right. Urine: specific gravity 1020; acid; quite milky from white deposit, which disappears with the liquor potassæ on boiling; no pus nor albumen present. The patient is a pale girl, with very anæmic appearance.

On Dec. 6th she was examined by Dr. Hicks, who found that the tumour was not ovarian nor uterine. There has been no vomiting since her admission. On the 9th, Dr. Rees did not satisfactorily make out any fluctuation in the tumour. Two days after this the white cells were found to be greatly increased in the blood. On the 12th she vomited for the first time since she came into the hospital, and suffered much from headache. On turning her on her face in bed, the tumour can be felt; there is also dulness at the base of the lung. (She could maintain this position but a short time.) The anterior margin is more defined, and can be felt directly under the walls of the abdomen. Its upper part, thin and firm, emerges from below the ribs about four inches from the middle line, and can be traced to the umbilicus, where it becomes thicker, and passes down just to the right of the middle line for two or three inches, whence it can be traced to the middle of Poupart's ligament. At this last spot it is very tender.

She was taking grain doses of quinine, which agreed with her very well; and by the 19th the tumour was rather less.

On the 13th of January, 1862, the bowels were relaxed, and the motions contained blood; pain in the side and weight in the epigastrium were present.

Feb. 14th.—The tumour has been sensibly diminishing. The patient has perspired a good deal occasionally, has been sick, and has had much pain in the side and in the left leg. For these she was ordered hydrochloric acid, dilute hydrocyanic acid, and morphine, every four hours.

April 10th.—The tumour is less; it emerges from the ribs and extends down as far as the crest of the ilium on the left side, and on the right side as far as the middle line. There is considerable pain on pressure at the lower part of the tumour. The feet are swollen, especially the left foot and ankle. Has nausea and retching; sinking of the stomach when not eating. Now and then has palpitation, and often epistaxis. About three weeks ago the patient vomited some black matter, and had diarrhœa; since then the tumour has been decreasing. Urine 1020, loaded with urates and uric acid.

During the next few weeks there was no decided improvement; she gradually got weaker and weaker, and died on the 13th of May, much emaciated and extremely pallid.

Examination, ten hours after death.—Both lungs were filled with tubercle of the yellow variety, but there was no disorganization. There were adhesions throughout the peritoneum from old inflammation, and in these were tuberculous deposits; all the organs were, in consequence of the former, firmly united, and could not be separated without difficulty. The spleen lay on the left side, reaching nearly to the pubes, closely adherent to the abdominal walls, and having the descending colon running down on the inner side, it having thrust the colon from its usual position. Its edge projected about midway between the side of the abdomen and the median line. So firmly adherent was it that it had to be cut out. The capsule was greatly thickened, and this with the adhesions had no doubt prevented the organ expanding as it would otherwise have done. The section showed it to be remarkably firm and fleshy, and of a pinkish colour, not much unlike a piece of cooked flesh; no juice could be expressed; it was of a uniform texture, and no corpuscles were to be seen. The liver was fatty and large.

In some clinical remarks made at the autopsy, Dr. Wilks spoke of the difficulty of diagnosis in this case from the fact of the spleen being bound down by adhesions, and thus prevented from coming forward and being advantageously felt, as it would have been under less confined circumstances. He had heard the case often spoken of by his colleagues and by students, and the want of a confident expression as to the tumour being splenic. When, however, it had been found that leucocythæmia existed, he felt no doubt as to the nature of the case, for he was unacquainted with any case where so great an excess of white corpuscles existed without hypertrophy of the spleen. The same state of blood had been spoken of by Virchow and Bennett as connected with enlargement of the lymphatic glands, and thus a *leucocythæmia splenica* and *leucocythæmia lymphatica* had been described; the latter, however, Dr. Wilks had failed to find, for in all cases of enlarged glands which had come under his notice, no excess of white corpuscles had existed. Virchow had surmised that the white globules of the blood were formed from those which exist in the spleen and lymphatic glands, and that according as the one or the other was subject to hypertrophy so would the blood be found with an excess of white corpuscles. But in the case of the splenic leucocythæmia the blood-cells would be large, with one or more nuclei resembling the cells of the spleen; whereas in the lymphatic form the cells would be small, and the nuclei large and single. These differences Dr. Wilks believed had not been yet confirmed by observation in this country. Kölliker considered that one duty of the spleen was to break up the red corpuscles; and he describes blood-corpuscle-holding cells where they undergo degeneration. By this theory leucocythæmia would then be merely a deficiency of red globules. Under whatever aspect, however, the disease is regarded, it is interesting from this point of view—that death takes place from a want of balance of the functions of the body; one organ being in excessive activity.

ST. MARY'S HOSPITAL.

CLINICAL REMARKS ON A CASE OF ENLARGEMENT OF THE SPLEEN, DEPENDING UPON PROBABLE RUPTURE OF THE ORGAN.

(Under the care of Dr. HANDFIELD JONES.)

JANE B——, aged forty-eight, married, and having eleven children, was admitted Jan. 23rd, 1862. Has been ill ever since a fall from slipping on a piece of orange-peel; this was four months ago. After the fall, she had constant vomiting for a week, but no blood was brought up, nor was there any passed in the urine. Since the fall the catamenia have been absent, and she has suffered from indigestion and thirst; health otherwise good. Never had ague. She complains of pain at the hypogastrium, extending round to the sacrum and down the left leg, causing great numbness in it. The pain is increased towards night, and by exerting herself. There is a large mass on the left side of the abdomen, firm and solid, movable, and descending on inspiration, extending to the loin, where it is very tender, and reaching up under the false ribs. It has no well-marked free anterior margin, but slopes from above downwards and outwards to the iliac fossa, where its lower flattened part is easily felt by the fingers, which can be pushed beneath it, raising it upwards. The patient states that the tumour appeared immediately after her fall; it was very tender, and increased in size for some time after. The uterine neck appears to be normal; the uterus moves freely, and appears unconnected with the tumour. The tumour does not extend fairly into the region of the kidney; its anterior margin reaches as far forwards as the umbilicus. On Feb. 14th it was noted that the tumour did not quite reach up to the ribs; there was a line of resonance between the ribs and tumour. On the 26th of the same month the size of the tumour was about the same, but it produced very little inconvenience. Some blood was examined, and found normal. The urine tested on the 30th of January was clear, light-coloured, and not albuminous. The treatment consisted of leeches twice to the tender part of the tumour, salines and hydrocyanic acid, ointment of iodide of lead and bromide of potassium, which after a time disordered the stomach. The leeches gave much relief, and the tumour became quiet. The patient continued under observation till March 20th.

This case gave rise to the following clinical remarks by Dr. Jones:—

"The situation of this tumour, its mobility, its sudden appearance after the fall and increase for some time after, its tenderness, the absence of symptoms of injury to other organs or of blood disease or ague, combine to make it probable that it resulted from a rupture of the spleen and hæmorrhage into its substance. It is not very intelligible why the effusion did not rather take place into the peritoneal cavity as it usually does, since it can scarcely be supposed that the capsule was not lacerated; unless we assume, contrary to the patient's affirmation, that the tumour existed before the fall, and was so injured by it as to become somewhat inflamed and tender. I do not see what other view we can take. The case is not an ordinary one, and it does not seem possible to give a thoroughly satisfactory account of it."

In the first volume of this journal for 1861 (p. 287) is a case of rupture of the spleen, recorded by Dr. Jackson, of Sumbulpoor. The lesion occurred from a push in the side with a small bit of cane, and it forcibly illustrates the fact that this organ may easily be ruptured by comparatively slight violence.

ST. GEORGE'S HOSPITAL.

ACUTE RHEUMATIC PERITONITIS, SUPERVENING UPON SUBACUTE RHEUMATISM; SUDDEN DEATH.

(Under the care of Dr. PAGE.)

THE following case is one of some interest and rarity; for it suddenly terminated fatally from what may fairly be considered acute rheumatic peritonitis, with no positive symptoms to denote its presence during life, except pain in the belly on the last day, although the sickness and vomiting were clearly the result of the attack. It is acknowledged by writers on rheumatism that violent affections of the stomach and bowels occasionally supervene in that disease, but oftener in the chronic or subacute forms, as in the present instance, than in the acute.

Elizabeth D——, aged twenty-four, admitted Nov. 20th, 1861. For two weeks she had been suffering rheumatic pains about the loins and neck, and for one week on this account had kept her bed. On admission she had what appeared to be a trifling attack of acute rheumatism, chiefly affecting the right elbow and shoulder. There was no great heat of skin or constitutional disturbance, but she looked very cachectic. There was a node on the right arm, and an irregular copper-coloured eruption upon the legs, which she said had made its appearance during her present illness. Her tongue was furred; the bowels were confined; the heart, on examination, was found natural. She was ordered a warm bath, four grains of calomel and a senna draught; and a draught of citrate of potass with bicarbonate of potass, ten grains every six hours. During the two following days both the pain and the swelling increased considerably, constitutional disturbance being set up; and on the 23rd a systolic murmur was heard at the apex of the heart. She was ordered to continue the medicine, and to take three grains of calomel and one of opium at bed-time, her nights being very restless. On the 24th morphine was administered; and the feet having become dry, swollen, and painful, cataplasms with soda were applied. When seen on the morning of the 26th the hands were painful and swollen, but the swelling in the other parts had disappeared, so that she could walk. About nine A.M. she was a little sick, and continued at intervals during the day to bring up a quantity of green bitter fluid. She was ordered to apply cataplasms of soda, to continue the draught, and to have one grain of opium at night. About ten P.M., the sickness continuing, she was given three grains of calomel and one of opium; but she continued during the early part of the night to be restless, and was again sick. About two A.M. on the 27th she was seen by the apothecary, and was then getting worse: there were great debility, pain about the abdomen, and a small and quick pulse. She was given ether and stimulants, and became after this much easier, took a cup of tea, and, getting up, fell back dead at five A.M.

Autopsy thirty-two hours after death.—The body was in good condition. The heart was natural, except a very trifling thickening of the mitral valve, which could scarcely have affected its action. The lungs, bronchi, and pleuræ were healthy. When the abdomen was laid open, all the intestines visible in the inferior part of the cavity were injected, so as to present a vivid scarlet colour. The ileum was chiefly affected; but the adjacent coils of the jejunum and large intestine were also greatly congested. There was no effusion of lymph; but the abdominal cavity contained a small quantity of turbid yellow fluid. The stomach and bowels were opened throughout, but nothing unusual was discovered, with the exception of a few patches of faint redness in the ileum, and also through the whole of the large bowel. The bladder and kidneys were healthy, as also were the liver, spleen, and supra renal capsules. The uterus was healthy, and its cavity enclosed a small quantity of blood, probably the result of menstruation.

ROYAL FREE HOSPITAL.

CLINICAL REMARKS ON A CASE OF CONSECUTIVE ATTACKS OF ACUTE RHEUMATISM, FOLLOWED BY PERICARDITIS, ENDOCARDITIS, AND PLEURITIS; RECOVERY.

(Under the care of Dr. O'CONNOR.)

E. A. S——, a female child eleven years of age, was admitted on the 12th of February, 1861, labouring under acute rheumatism. She had been ill four days previous to admission. She was suffering severely from pains in the joints, and could not bear to be moved. There was great heat on the surface of the body, with abundant perspiration; the face was flushed, with anxious expression of countenance; there was great thirst; the tongue thickly covered with a white coating; the urine was scanty and high coloured; the pulse full, bounding, and rapid—120 in a minute; respirations 40. The little patient was very restless, and had no sleep for four nights. On examination of the chest, there could not be detected any sign of heart disease. The bowels had not been relieved for two days, and then but scantily. She was ordered to have immediately half an ounce of castor oil; and a draught, composed of two drachms of the solution of the acetate of ammonia, eight grains of the nitrate of potash, twelve grains of bicarbonate of potash, and twenty minims of spirits of nitre, in water, to be taken every three hours; to drink freely of cold water or toast-water, and the joints to be wrapped in sheets of cotton wool.

On the day following it was reported that the bowels had been freely acted on, and there was a marked abatement in the urgency of the symptoms. The draught to be continued.

On the night of the 14th, in consequence of the continued restlessness and want of sleep, though otherwise better, the house-surgeon ordered twenty minims of tincture of opium in a draught, which produced some hours' rest.

The following day, however, there was much greater restlessness; the tongue was dry; the pulse more frequent, small, and harder. The patient complained of fulness and oppression at the præcordia; but on examination there could not be detected any evidence of the heart or pericardium being affected. She complained of occasional pain. As a precautionary measure, a blister was ordered over the region of the heart, and the alkaline draught to be continued as before.

In the afternoon of the following day a distinct pericardial friction-sound could be heard; the carotids were strongly pulsating, the countenance was more anxious, and the feeling of oppression at the præcordia was more urgent. Three leeches were immediately applied to the cardiac region; the alkaline draught to be continued. In a few hours after the application of the leeches the pain was much relieved, but the urgency of the other symptoms was unabated.

On the 17th, there was aortic murmur, and the patient could not lie in a recumbent position, nor on either side. The pulse was 145, with a feeling of fainting and suffocation. Another blister was ordered over the cardiac region; half a grain of calomel, with a grain and a half of antimonial powder, to be taken every two hours; the alkaline medicine to be continued.

On the 19th, there was acute pain on the left side, with greater difficulty of breathing, and on examination circumscribed pleuritic friction-sound was heard. Two leeches were applied to the side; the calomel and antimony, with the alkaline draught, to be continued.

On the 21st, the pain in the side was much relieved; there was less pericardial and pleuritic friction-sound, and the aortic murmur was not so distinct; but there was a greater extent of dulness, with slight bulging of the intercostal spaces. The patient was still unable to continue in any other than the semi-recumbent position. The pulse was 150, and there was great oppression of the breathing; respirations 40 in a minute. The blistered surface, which had not quite healed, was painted with vinegar of cantharides, and subsequently dressed with mild mercurial ointment; the powders to be continued, eight grains of the acetate of potash and eight minims of tincture of digitalis to be added to each alkaline draught, and taken every four hours.

The digitalis was increased to ten minims on the 23rd, and on the 24th there was a very decided abatement in the urgency of all the symptoms. The intercostal bulging was still great, and the aortic murmur not so distinct; the pulse was 120. Another blister was applied to the cardiac region, and the powders to be taken every six hours.

On the 26th, all pains had ceased to exist; the breathing was less embarrassed; the pulse was 110; respirations 34. The little patient could lie in the recumbent position, and she had about two hours' sleep in the night. The dulness over the cardiac region still existed to nearly its former extent, and there was bulging of the intercostal spaces, though not so much as before. Two grains of the iodide of potassium, with liquor potassæ, and eight minims of tincture of digitalis, in water, were ordered to be taken every four hours; the blistered surface to be kept open with mercurial and savine ointments.

28th.—There were evident signs of a diminution of the pericardial effusion, the intercostal spaces were less prominent, and the aortic murmur was less distinct; but a well-marked mitral murmur was now discernible. The iodide of potassium was continued until the 8th of March, and the blistered surface still kept open. The patient was now able to eat a mutton chop and take half a pint of stout daily, her diet up to this time having consisted only of beef-tea, milk, and barley-water. She gained flesh, and was able to walk about the ward without any fatigue; and on the 14th of March she left the hospital at the request of her parents, there being no trace of effusion or pain of any sort, the only symptom of cardiac disease existing being slight mitral murmur. She was directed to continue the medicine for some time, and to keep the blister open for a week or ten days.

Nothing more was heard of the little patient until the 24th of April of this year, when she was again brought to the hospital, labouring under a fresh attack of acute rheumatism. The joints were, as before, extremely painful, there was great heat with copious perspiration, and, except the mitral murmur known to have existed when she left the hospital in March last year, there was no symptom of heart disease. The treatment resorted to on this occasion was the same as on her former admission, and was attended with an abatement of the symptoms. On the 26th, however, she complained of severe pain over the heart, with a feeling of constriction of the chest. On examination, increased action of the heart was observed. The patient was very restless. A blister was ordered to be applied to the seat of pain, and to be kept open with the same dressing as in the former illness; the alkaline medicine to be continued. The remedies afforded relief.

May 3rd.—Owing to the patient not having had any sleep for some nights, and being restless, she was ordered a draught containing twenty minims of tincture of opium, which had the desired effect. The draught was repeated on the following night, and on the 5th there was an aggravation of the symptoms previously existing. The countenance had a greater expression of anxiety; there was a more intense feeling of oppression at the præcordia; the pulse and respirations were increased in frequency, and the patient was obliged to be propped up in the bed to relieve the feeling of suffocation; pericardial friction-sound was extensive and distinct. In addition, there was a short hacking cough, and she complained of acute pain in the right side, at the outer margin of the great pectoral muscle. On examination, pleuritic friction-sound could be heard. Three leeches were immediately applied to the side; and a grain of calomel, with two grains of extract of conium, and a third of a grain of ipecacuanha, were ordered to be taken every three hours.

The following day the pain in the side was much relieved, but the symptoms otherwise continued the same. The feeling of suffocation and faintness was very urgent; the pericardial murmur continued the same.

The remedies were continued until the 12th of May, up to which time the condition of the patient was one of great anxiety. At this date there was a very marked abatement in the physical signs: the pleurisy had entirely disappeared, and the pericardial murmur was only trifling. The calomel was discontinued, but as there was a return of pain in the ankles, wrists, and knee-joints, with slight swelling, two grains of iodide of potassium with bicarbonate of potash were ordered to be taken every six hours.

16th.—There was acute intercostal pain over the region of the heart, without any increase of the pericardial murmur, but relief was obtained by the application of two leeches.

On the 17th the pain had almost disappeared, and from this date there was progressive improvement in the symptoms. The mitral murmur, the result of the former attack, was somewhat more distinct than on admission; but it appeared gradually to diminish under the use of the iodide of potassium and the counter-irritation from the open blistered surface, and the patient left the hospital on the 3rd of June, as well in health as on the occasion of her discharge last year.

Dr. O'Connor remarked that out of fifty cases of acute rheumatism which had been under his care in less than twelve months, there were only two in which pericarditis was present, the case under consideration being one. He attributed the great immunity from cardiac affections in the cases he had seen to the early administration of the bicarbonate of potash in combination with sudorifics. He was not partial to large doses of the alkali, because he thought the too free use of it induced extreme prostration. The dose he was in the habit of giving varied from fifteen to forty grains every three or four hours, dissolved in the ordinary febrifuge mixture of the hospital pharmacopœia. Its effects were very much promoted by the free use of cold diluent drinks, keeping the patient as quiet as possible. He always caused the bowels to be freely acted upon before the use of the bicarbonate. He believed its curative effects in acute rheumatism, and its power of preventing the supervention of pericarditis and endocarditis, to be attributable to its arresting the formation of an excess of fibrin in the blood, and acting as an eliminator of the *materies morbi*. Whilst he had great faith in the administration of the bicarbonate in the early treatment of the disease, cases had fallen under his notice which required additional treatment. He had never seen any good results from the administration of nitrate of potash *per se;* and in any cases in which it was said to be successful, it would be found that the success was to be attributed to its combination with other remedies. He was not partial to frequent or large doses of opium, on account of its power in locking up the secretions; still, in the form of Dover's powder, it was very valuable in some cases, when administered at night to procure sleep.

In cases of acute rheumatism, where the joints continued painful, with swelling, and the evidences of effusion existed, great benefit was derived from the use of grain doses of calomel, with two or three grains of Dover's powder every four hours,

the joints being at the same time wrapped in cotton wool. In the present case Dr. O'Connor believed the cardiac implication was in a great measure to be attributed to the large dose, for so young a child, of the tincture of opium, on account of its astringent qualities, and he was of opinion that the severity of the symptoms would not have been manifested if the opiates had not been administered. It was a case of great interest, considering the recurrence of the attack of acute rheumatism, with the great severity of heart disease, and the successful terminations of the attacks in so young a child. In cases of pericarditis or endocarditis, his practice was to exhibit small and repeated doses of calomel directly that either affection was known to exist, and he frequently combined it with conium. With the use of calomel it was his custom to have recourse to blisters, and to keep up counter-irritation by the application of mercurial and savine ointments. Where that plan of counter-irritation was used, it was not necessary to continue the internal use of calomel so long as might otherwise be desirable. In cases of pericarditis, with acute pain, very great benefit was derived from small depletions by leeching, as in this case. Cases may sometimes occur requiring stimuli; but he had not met with any such. In another case of acute rheumatism under his care a few months ago, and which left the hospital cured, pericarditis followed the administration of three or four ounces of brandy. He believed that in the majority of cases its use was productive of mischief.

ST. BARTHOLOMEW'S HOSPITAL.

GOOD EFFECTS OF THE CHLORINATED SODA AS AN INTERNAL REMEDY IN SCARLATINA.

(Under the care of Dr. FARRE.)

THE properties of the solution of chlorinate of soda as a disinfecting agent are well known, and as a lotion or a gargle it is a remedy in frequent use in putrid ulcerations in whatever part they may be situated. Occasionally, but not commonly, it is employed internally, and when administered in suitable doses,—say from twenty to thirty minims,—it is a very reliable medicine. As it is known to be poisonous in over-doses, this may be a reason why it is not oftener prescribed. In such a disease as scarlet fever, accompanied with fetid ulceration of the throat, its virtues are well seen.

Lately a case of this kind was treated with the best results—an instance, too, in which the symptoms were so aggravated at the time of admission that the prognosis was necessarily very serious. It occurred in a married woman aged thirty-seven, who was admitted on the 29th of May, with symptoms of scarlet fever. The fauces generally were much inflamed, and the breath was very fetid. She had also the peculiar mottled rash of typhus fever, especially about the back, and it seemed doubtful at first whether the case was one of this latter fever; but large patches of redness of scarlatina appeared upon the arms. However, the rash did not wholly disappear until seven or eight days after admission. Her treatment consisted in the internal use of a solution of chlorinated soda—twenty minims, in camphor mixture, every two hours, with, at the same time, a gargle of the former substance. This was persisted in for three or four days with the best effects. She however required to be supported with four ounces of brandy daily from the commencement. When we last saw her, on the 16th of June, she was convalescent, although weak, and was then taking dilute sulphuric acid as a tonic.

The son of this patient, a lad of fourteen years, was admitted on the 1st of May, also under Dr. Farre's care, with fever of five days' duration following rigors. There was no angina. On the 3rd of May a few rose-coloured spots appeared about the abdomen, which led to a suspicion of its being typhus. They subsequently disappeared, and the boy became convalescent. In neither of these cases was the urine albuminous.

At the present time there is a third patient in the hospital with well-marked scarlatina and angina, in a lad of seventeen years, whose body on admission was almost generally covered with a well-defined sudaminal eruption, the vesicles being remarkably distinct and prominent.

AMERICAN MEDICAL WEIGHTS AND MEASURES. — It has been decided by the Committee of Revision of the American Pharmacopœia that the use of the Troy weight shall be maintained, but that the scruple, drachm, and pound are no longer to be used. Quantities not exceeding half an ounce are to be expressed in grains.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 24TH.

DR. BABINGTON, PRESIDENT, IN THE CHAIR.

AMAUROSIS CONSEQUENT ON ACUTE "ABSCESS" OF THE ANTRUM, PRODUCED BY A CARIOUS TOOTH.

BY S. J. A. SALTER, M.B., F.L.S.,

SURGEON-DENTIST TO GUY'S HOSPITAL.

THE case upon which this paper was based was one of unusual severity, and of exceptional complications.

The patient, a young woman, twenty-four years of age, was attacked with violent toothache in the right upper first molar, which was followed by enormous swelling of the side of the face, and intense pain. The eyeball then became protruded, and she soon after perceived that the eye was blind. Shortly after the establishment of these symptoms, "abscess" of the antrum pointed at the inner and then at the outer canthus, and a large discharge of pus at both orifices followed; these orifices soon closed, and the general symptoms of the part continued unchanged—the swelling of the face, protrusion of the globe, and blindness. This state of things lasted for about three weeks, when the patient was sent to Guy's Hospital, and admitted.

At this time the patient exhibited hideous disfigurement from swelling of the face, œdema of the lids, and lividity of the surrounding integument. Upon examining the mouth, it was found that the carious remains of the first upper right molar appeared to be associated with and to have caused the disease. Together with the other contiguous carious teeth this was removed, and led, by an absorbed opening, into the floor of the antrum. The hæmorrhage which followed the operation was discharged partly through the nose and partly through the orifices in the cheek, as well as from the tooth-socket, showing a common association of these openings with the antrum. The condition of the eye constituted the most important symptom, and the most distressing. The sight was utterly gone; the globe prominent and everted. There was general deep-seated inflammation of the fibrous textures of the eye. The pupil was large and rigidly fixed; it did not move co-ordinately with the other under any circumstances. Some abatement of the symptoms followed the extraction of the tooth; but it was soon found that there was a considerable sequestrum of dead bone, which was removed. The necrosis involved the front part of the floor of the orbit, the upper cheek portion of the superior maxilla, with the infra-orbital foramen, and a large plate of bone from the inner (nasal) wall of the antrum. The removal of the dead bone was followed by the immediate and complete cessation of all inflammatory symptoms; but the eye remained sightless, and the pupil rigidly fixed. About five weeks after the removal of the dead bone, it was noticed that the pupil of the affected eye moved with that of the other, under the influence of light, though vision in it had not returned. The eye was frequently examined at this stage with the ophthalmoscope. All the structures, including the retina, appeared healthy, except the termination of the optic nerve, which was perfectly white and anæmic, while that of the other eye was pink and natural.

The author referred to two other cases essentially similar to his own. The first (unpublished) occurred in the practice of Mr. Pollock, of St. George's Hospital. The patient had intense inflammation of the entire maxillary region on one side, caused by a carious tooth. It implicated the whole face and the contents of the orbit, but was not attended by "abscess" of the antrum or necrosis of bone. The inflammation completely ceased on the removal of the tooth, but the sight was permanently lost; the pupil was at first fixed, but afterwards moved with that of the other eye.

Another example, closely resembling these, was published by Dr. Brück, in Casper's "Wochenschrift" for 1851. It was, however, more chronic, and the loss of vision was only temporary.

The author concluded his paper by suggesting that the serious ophthalmic symptoms depended on the nerves of the eye being involved in a plastic inflammation in their course, external to the skull and before their distribution; that the optic nerve was permanently damaged, as shown by the permanent blindness; that the third nerve was temporarily implicated, as shown by the temporary fixedness of the pupil; and the eversion of the eye from the first seemed to indicate that the sixth

nerve was less or not at all involved. Finally, the author left it an open question whether the anæmia of the optic nerve, as displayed by the ophthalmoscope, is to be looked upon as a cause or consequence of its suspended function.

TWO CASES OF EXTENSIVE ARTERIAL OBSTRUCTION FROM SEPARATED CARDIAC VEGETATIONS, FOLLOWED BY GANGRENE AND DEATH.

BY S. J. GOODFELLOW, M.D. LOND.,
PHYSICIAN TO THE MIDDLESEX HOSPITAL, AND LECTURER ON MEDICINE AT ITS COLLEGE.

It was the object of the author simply to bring these two cases before the Society, and not to enter into the general subject of arterial obstruction. The cases spoke for themselves. The extent to which the plugging took place, the number of vessels involved, the morbid changes in and around the coats of the vessels at the seat of obstruction, and the consequences which ensued, appeared to the author to give a peculiar interest to them. In both cases vegetations of considerable size had formed on the mitral valve and surrounding surface of the endocardium. Some of these had become detached, and caused obstruction to the circulation in several of the large arterial trunks; coagula formed around them, and complete occlusion followed. The symptoms were well marked,—namely, pain, intense and agonizing, at the seat of obstruction, and coldness and numbness at the distal extremities of the affected limbs, speedily followed by dry gangrene. In the first case the evidences of occlusion were observed about a month before the fatal event, and about seven days prior to the appearance of gangrene. In the second case the interval between the evidence of obstruction and the appearance of dry gangrene was shorter, the pathological changes in and around the walls of the arteries at the seat of obstruction were less extensive.

The first case was that of a woman, aged thirty, who had had an attack of acute rheumatism twelve years prior to her admission into the hospital. The heart was damaged during that attack. She, however, was enabled to follow her usual occupation, with occasional interruptions, up to a short period before the appearance of the symptoms denoting obstruction.

The second case was that of a girl, aged seventeen. She had had an attack of acute rheumatism about three years before, complicated with pneumonia, but not with heart affection. Another attack of rheumatism occurred about eighteen months afterwards, which was complicated with endocarditis. From the time of this attack to the period of her seizure with her last fatal illness she suffered considerably from dyspnœa and frequent and severe pain in the præcordial region.

DESCRIPTION OF A SYPHON-TROCAR FOR OVARIOTOMY AND OTHER PURPOSES.

BY T. SPENCER WELLS, ESQ., F.R.C.S.,
SURGEON TO THE SAMARITAN HOSPITAL, ETC.

This instrument consists of a canula, in which, instead of the ordinary solid rod, a hollow tube slides. This tube is sharpened at the end like a tubular needle. The instrument is introduced in the ordinary manner, and the sharp tube is then withdrawn by the thumb. The fluid flows along the canula to an elastic tube, which may be bent to form the long and short branches of a syphon; and the fluid continues to flow so long as the short branch is immersed, while no air can enter. If suction power be wanted, a syringe may be used instead of the simple tube. The addition of a grooved ferrule outside the canula completes the instrument for ovariotomy. The cyst, as it is emptied, is tied on the ferrule to prevent the escape of fluid, and to assist in drawing the cyst outwards. If other cysts require tapping, the sharp tube can be immediately projected and withdrawn. The power of doing this with one hand only is a great convenience, not only in performing ovariotomy, but in tapping collections of fluid through the vagina or rectum.

Instruments of various sizes, made by Messrs. Weiss, were placed on the table of the Society.

CASE OF SUDDEN DEATH FROM RUPTURE OF THE LEFT VENTRICLE OF THE HEART.

BY HOLMES COOTE, ESQ., F.R.C.S.,
SENIOR ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

The author communicated the particulars of a case of rupture of the left ventricle of the heart in an aged female, aged eighty-two, while reclining on a couch. Her habits had been very quiet, and her diet regulated for above forty years. She was quite childish, but fond of all about her, and never gave way to temper. The substance of the heart had undergone general fatty degeneration. After referring to other cases, and to the paper by Dr. Quain, in the "Transactions" of the Society, on Fatty Degeneration of the Heart, Mr. Coote said that, in his experience, such cases were of sufficient rarity to render their collection and publication desirable.

ON THE SUBCUTANEOUS TREATMENT OF BOILS AND CARBUNCLES.

BY J. G. FRENCH, ESQ., F.R.C.S.,
SURGEON TO THE INFIRMARY OF ST. JAMES, WESTMINSTER.

The author was desirous of calling attention to the fact, that subcutaneous division of the induration of the cellular membrane arrests the progress of boil and carbuncle at once. It was necessary to make crucial and, when the disease is extensive, even three incisions across the centre, extending completely to the outer boundary of the disease,—free divisions of the centre alone not being sufficient to prevent it from spreading. This plan of treatment was very convenient to the patient whose time was valuable; and this sudden interruption to the progress of the malady was not followed by its outbreak elsewhere. Three cases were given in illustration, and several surgeons, to whom the author had suggested this method, had tried it, and fully confirmed the author's experience.

Mr. PARTRIDGE said that he had lately had an opportunity of putting in practice the plan recommended by Mr. French, in a case of carbuncle of the neck. The relief was immediate and recovery rapid.

Reviews and Notices of Books.

On the Use of the Perchloride of Iron and other Chalybeate Salts in the Treatment of Consumption; being a Clinical Inquiry into their Physiological Action and Therapeutic Properties; with a Chapter on Hygiene. By JAMES JONES, M.D. Lond., Physician to the Metropolitan Free Hospital, &c. pp. 109. London: Churchill.

THE author—as he informs us—has become convinced, by clinical experience, that cod-liver oil, however inestimable its value, is insufficient to meet all the requirements of the phthisical constitution. He is satisfied, however, that iron is, from its properties and physiologic action, capable of supplying that deficiency, and has availed himself of all the opportunities coming before him of clinically testing the therapeutic powers of the metal in question. The results of these experiments have been so greatly in support of Dr. Jones's views as to warrant him in laying them before the profession. In justice to the author it is proper to mention, that in advocating the use of iron in consumption, he does not, of course, make any pretensions to having brought forward a new medicine, for the agent alluded to has always been a favourite remedy for that disorder. The only claim to novelty made by Dr. Jones is in pointing out with more precision than has hitherto been attempted the mode of its administration, its true use, and the causes of its failure when no benefit accrues. What form of the drug is thought most highly of by the author may be imagined from the title of his book.

"Perchloride of iron is, according to my experience, by far the best preparation of iron in the treatment of phthisis. It is highly soluble, and by no means unpleasant to the taste. It admits of combination with many of the medicines used in the treatment of consumption, without suffering any loss of efficiency; such, for instance, as hydrochloric acid, chlorate of potassa, chloric ether, hydrochlorate of ammonia, hydrochlorate of morphia, quina, calumba, quassia, and phosphoric acid. It is in chemical harmony with the gastric fluids—a matter of much importance.....I have found the stomach to tolerate the long-continued exhibition of the perchloride better than any other preparation of iron. It appears to promote the digestion of food, the appetite usually improves under its use, and dislike to fatty foods and cod-liver oil is often overcome by it. It checks the tendency to diarrhœa; it exercises a marked influence over the night-sweats, which form so distressing a feature of the disease. Unlike most other chalybeates, it may be given with benefit during the existence of hæmoptysis, over which it apparently exercises considerable control. The cough I have frequently found to subside, and the amount of expectoration to diminish during its use. In a word, all the therapeutic powers of chalybeates are pre-eminently present in the perchloride of iron."—pp. 78—80.

That iron, speaking generally, is a most valuable agent in

the treatment of the tubercular dyscrasia there cannot be any doubt, and it is possible enough that the *perchloride* of it may turn out to be the most preferable form under which it can be administered. But whether or not it is capable of generally performing such admirable duties as Dr. Jones tells us it is equal to, a wider and longer experience can alone determine. It may be proper, however, to add the assurance of the author, that

"In the early stages of the disease, but more especially in the condition of pre-tubercular dyscrasia, I have found it to be capable of establishing a state of perfect health. In the more advanced stages, even where cavities existed, I have seen numerous recoveries take place under its use, the patients being able to resume their business engagements and occupations, from the performance of which they had long been disabled. Even in the very advanced and hopeless stages, the distressing night-sweats and the sense of exhaustion and sinking have been, to some extent, relieved by its use."—p. 31.

With this flattering character of the perchloride of iron before us, we would say to our more hopeful brethren, as an old French physician remarked to a youthful *confrère*, who was vaunting the powers of a newly-introduced remedy, "Bien! dépêchez-vous de vous en servir pendant qu'il guérit." We only hope they will not tarry until it is too late.

Pathological and Practical Observations on Diseases of the Abdomen. By S. O. HABERSHON, M.D., &c. Second Edition. London: Churchill.

IN our notice of the first edition of this work, we spoke of it in terms of commendation. In this, the second edition, the author appears to have carefully revised the entire volume, and has made such additions, and given such cases, as make the work a complete treatise upon abdominal diseases. In his first edition the author recommended that, in some instances of disease, a gastric fistula should be formed for the purpose of prolonging life. Since then this operation has been adopted in two instances, one at his own suggestion. This case is of extreme interest, and is recorded at length. The patient was apparently dying from exhaustion consequent upon cancer of the œsophagus, and it was evident that unless some decided measures were speedily taken, death must quickly ensue. The operation was performed by Mr. Cooper Forster. The stomach was opened by an incision commencing at the extremity of the eighth rib, and the edges were stitched to the wound. The pulse, which before the operation was 62 and exceedingly compressible, rose to 116. Some milk-and-egg was administered. In the evening the patient coughed violently, and the contents of the stomach were forcibly ejected through the wound. The pulse increased to 120. Small quantities of rum-and-water with lemon juice were occasionally administered, which comforted him, the pulse becoming firmer and fuller. Faintness, however, supervened; face cold and perspiring; pulse 136, feeble. Stimulants and food were still given, also doses of twenty minims of sesquichloride of iron. But notwithstanding this, the patient gradually sank, and died forty-four hours after the operation. The post-mortem examination showed the extent of the disease; but we think that the operation in certain cases, as suggested by the author, would be justifiable, and agree with him, that to be successful it must be resorted to at an earlier period of the complaint. Diseases of the stomach, whether functional or organic, have here received fresh elucidation, and the relative significance of the prominent symptoms has been presented to the reader. Obstructive disease of the intestines, and the morbid affections of the cæcum in particular, have been enlarged upon. An elaborate chapter on peritonitis has been appended to this edition, making the work complete in every particular.

Manual of Midwifery. By ALFRED MEADOWS, M.D., Assistant-Physician to King's College Hospital, &c. pp. 319. 12mo. London: Renshaw.

To the busy practitioner who has not time to consult the larger and more elementary works on midwifery, a really good, practical manual must be a great desideratum, providing that it is at the same time sufficiently comprehensive as to omit no essential information. Such a one, we think, has been furnished by Dr. Meadows, whose chief object in writing it is to increase and to facilitate the study of midwifery, in the belief that it is a subject second to none in importance to the practitioner, though it too often receives but a very inadequate share of the student's attention. The manual is divided into seven parts, comprising some thirty-six chapters. The former are divided into the Anatomy and Physiology of the Organs of Gestation; Pregnancy; Natural Parturition; Obstetric Operations; Unnatural Labour; Complex Labour; and Puerperal Diseases. On carefully going over all these, we find nothing omitted. We would suggest, however, that in another edition a chapter on the Sequelæ of Labour should be added, to comprise a description of pelvic cellulitis and abscess, and other consequences which are sometimes seen to follow parturition.

The author has honestly endeavoured to supply what seemed to him a great need, and has represented the subject in as concise and convenient a form as was practicable consistent with its importance. To the student and less experienced practitioner of midwifery the manual cannot but prove of value, especially during the emergencies of practice. But a real handbook to midwifery must be written by a man who has seen a great deal of hard obstetric practice.

On Long, Short, and Weak Sight, and their Treatment by the Scientific use of Spectacles. By J. SOELBERG WELLS, M.R.C.S. Eng., M.D. Edin. London: Churchill.

THE substance of this work has already appeared, and the republication of Mr. Wells's papers does not call for especial comment. He follows pretty closely the views of Von Graefe and Donders, who have most carefully studied the affections of the accommodation and refraction of the eye. Mr. Soelberg Wells explains very clearly the modern theories on these subjects. The optical laws relating to the causes and remedies of defective vision are not, perhaps, sufficiently studied by English surgeons; and they will find here a reliable guide to the important class of diseases of the eye in which a knowledge of these laws is most important to the surgeon and to his patient.

SINGULAR ACCIDENT IN BLASTING.

To the Editor of THE LANCET.

SIR,—The following short account of a case of singular injury came under my notice a few weeks since:—

One of the pioneer coolies employed on the Madookelle road was very foolishly boring out with an iron alevanga, or crowbar, a charge which had not exploded in blasting a quartz rock. The iron struck a spark from the rock, and exploded the charge. The poor coolie was brought to me half an hour afterwards, with his hand fearfully shattered and a bad wound in the thigh. The left hand, which held the alevanga, had three of its fingers so much injured that it was necessary to remove them; the thumb had lost its phalanges, and its metacarpal bone was broken and separated, with its muscles and integuments, from that of the forefinger. It was necessary to remove the broken metacarpal bone, and dissect out its carpal extremity, securing muscle and integument enough to make a flap, which however afterwards sloughed. The right hand, which held the hammer, had its fingers much cut and bruised, one of the joints laid open, and the metacarpal bones all torn apart, for a short distance, from one another. The wound in the left thigh looked like the wound caused by an ounce bullet. It was situated about the middle of the inside of the thigh, and a probe showed that it took the direction of the artery, and detected a foreign substance, of a gristly feel, at the bottom of it. This, when extracted with a narrow-bladed forceps, turned out to be the integuments of the left thumb without the bone, which had been driven in skin foremost, and had been at the same time curled up into a ball about the size of an ounce bullet. This singular missile had penetrated about two inches, and, from the direction it had taken, must have lain almost on the femoral artery. The man's wounds are all doing well, although, from the injury done by the powder, there has been some sloughing about all of them; but they are now (six days after) cleaning nicely.—I am, Sir, yours truly,

Madookelle, Ceylon, April, 1862. AUG. W. BAYLIS, M.R.C.S.

THE LANCET.

LONDON: SATURDAY, JULY 5, 1862.

ON Monday next the freeholders of Central Middlesex will have decided by their votes whether one of the successors of Mr. WAKLEY shall be a member of the medical or of the legal profession. If the real issue, the relative fitness of the candidates, be kept steadily in view,—if no extraneous matter be suffered to intrude,—there cannot be a doubt as to the decision. Not only in Middlesex, but throughout the country, the position to which the late Coroner raised this most important office, by means not less of his great abilities and signal courage than of his medical skill, must be a standing charge to the freeholders to preserve and cherish the precedent created in electing him. That the principle which declares that a magistrate charged with the duty of discovering the causes of the unexplained deaths of his fellow-citizens should be one who, by his education and experience, is fitted to understand the causes of sudden death, is widely and deeply rooted in the public mind, is made obvious by certain passages in the history of the present contest. Evading the great question of fitness, the most irrelevant, the most gratuitous, and the most unjustifiable efforts have been made, in the supposed interest of a legal candidate, to impugn, not the professional character of the medical candidate, but his personal character. A similar course is not unfrequently adopted in desperate conjunctures in certain courts of justice, where the laws observed are not those of chivalry. Its adoption is generally looked upon as an admission of weakness as regards the merits of the case, and consequently as an omen of defeat. Truth failing, abuse of his opponent is the lawyer's resource. There is abundant evidence to show that in the contest now going on the same inferences which are familiar to jurymen have been drawn by the electors. They will not be drawn aside from the plain business in hand, of choosing the man most fit to fill the office of Coroner, to enter upon the false issues thrust before them. The reform that was necessary twenty-five years ago is more than ever necessary now. The urgency for a thorough scientific investigation into the modes in which suspicious deaths have been produced rises in magnitude every day. Not a year passes without the discovery of new lethal agents, which, finding their way into commerce and into the processes of trade, vastly increase the risks of accidental deaths, and multiply the instruments of crime. The modes in which many poisons act upon the human body, and simulate the symptoms of natural disease, are necessarily beyond the appreciation of persons who have not received a scientific education. The public are constantly open to the most erroneous and dangerous conclusions upon these matters. A non-medical Coroner must, in cases where questions of this nature are involved, be continually liable both to hold inquests where the action of natural disease would be perfectly evident to the medical Coroner, and to deny an inquiry under circumstances full of the deepest suspicion. Some years ago a very remarkable illustration of this danger occurred. In one of the eastern counties, one after another of the members of a certain family died under symptoms which were attributed to disease, but attended with very equivocal circumstances. No inquest was held. At last, another person dying in a similar manner, an inquest was deemed necessary. The inquiry excited investigation into the deaths of the first victims, when it transpired that all alike had been poisoned by arsenic. Such a series of deaths by poison could not, we are persuaded, have occurred had the Coroner been a medical man. The fear of detection is one of the most effectual preventives of crime. The villain who contemplates compassing the death of a fellow-creature will narrowly canvass the capabilities of his possible judges. He will lay the scene of his tragedies in those places where his own observation or the information current amongst his fraternity has taught him that justice is blind. We are sure it will be admitted on all hands that this great and most satisfactory use of the office of Coroner—namely, that of deterring the evil-minded from the commission of crime—will never be fully developed unless the Coroner be a man known to be skilled in all the secret modes of procuring death.

But the arguments for a medical Coroner have now, we hope, become familiar to the public. We feel that we need not insist upon them. It only remains, for the last time, to urge upon our brethren to exert themselves heartily in promoting the cause of Dr. LANKESTER; to assist him in repelling the electioneering arts of his competitors, and in bringing up voters to the poll early on Monday next.

DR. SUTHERLAND'S retirement from St. Luke's has caused a vacancy in the office of physician to that institution. The occasion has been made use of to revive the discussion of the question as to the relative value of visiting and of resident physicians to lunatic asylums. This question has been practically decided in many counties and boroughs in favour of resident superintendent physicians. We doubt whether it would be judicious to carry out this plan absolutely and universally. We are, indeed, firmly persuaded that the condition and efficiency of our asylums and the comfort of their inmates have been largely promoted by the introduction of a superior class of men as resident medical superintendents. But admitting this fact, it does not follow that it is wise to commit the sole medical charge of asylums to resident officers. There has been a disposition to rush from the extreme of one system to the other, without fully considering how far the good that may exist in each may be reconciled and turned to account. The difference between an hospital for the reception and cure of persons afflicted with diseases of the nervous system, and one for the treatment of persons afflicted with other diseases, is not so great as to demand a radical distinction in the form of administration. It would be held strange indeed to propose to dismiss the visiting staffs of our general hospitals, and to entrust them absolutely to salaried resident medical officers. That such a system should have been carried out to the extent that is seen in hospitals for lunatics is only one of the many strange things that have been engendered in connexion with those institutions. It is specialism carried to a vice. If it be indeed difficult for the physician, in the large sense of the term, to maintain an equal supremacy over nervous diseases as he does over others; if it be found that the public will sever, more and more, this department of practice from general medicine,—still it does not follow that this constant splitting-up, or rather striking-off portions of the science, which soon come to lose all meaning and vitality if detached from each other, is wise or beneficial. It is surely a deference to vulgar prejudice, rather

than a concession to sound philosophy, to assist the extension of this sub-divisional process. No one can think or speak without respect and even admiration of that body of accomplished and earnest men who devote their lives to the care of the insane. But few independent observers, we think, will deny that almost absolute seclusion amongst a community afflicted with one class of diseases, the restriction from observing the varieties of disease abroad, the limited opportunities of conversing with those of their brethren whose experience is gained in a wider and different sphere, are not alone privations that add to the claims of asylum superintendents upon the public gratitude, but are privations that rob them of the chief source of healthy professional improvement. The system tends infallibly to specialize, so to speak, a man's mind—to force the whole current of his ideas in one direction, and thus to impair the faculty of free judgment. The best men of this class seek relief and diversion in literature or some scientific pursuit. Sad indeed is the lot of those who have fallen into the dead routine of their daily duties, who have merited the highest praise of committees and visitors, by giving up their whole time to the unfortunate beings under their charge. Nor are the patients benefited to the extent that is commonly supposed. Nothing cheers the prisoner so much as the fresh face of a visitor from without. The physician who comes into an asylum with a mind informed and expanded by free intercourse with the healthy world brings with him powers of observation and knowledge often fruitful with beneficial results. Things which use has made so familiar to the resident officer as to have ceased to make any impression upon him strike the visiting physician by their contrast with what he observes elsewhere. Discussion arises, and reforms follow. It should never be forgotten that the greatest improvements ever made in the treatment of the insane are mainly owing to a visiting physician, the late Dr. CHARLESWORTH.

This subject is one of immense importance. In many parts of the country it may be difficult or impossible to procure the services of a visiting physician. In such places it may be necessary to entrust all to the management of resident medical officers. But no obstacle exists in London. It is eminently desirable that here, at least, the opportunity should be afforded of exhibiting the advantages of the mixed system of administration, by retaining the joint services of visiting and resident medical officers. There need be no clashing of authority. The system has worked well at St. Luke's; and we are glad to find that there is no intention at present of disturbing it.

THE outspoken opinions of the medical public on the aspect of the affairs of the profession are always interesting, and often much more instructive than the formal and cautious utterances of "leaders of the profession," whose limbs seem often swathed in the mummifying bandages of authority, and their intellect benumbed by living in the "cold shade" of the aristocracy of Medicine. The inanities uttered and recorded at the Council Board of the Medical Council only equal the perverse stupidity of some of the members of the Council of the London College of Surgeons. The air of office disagrees with the medical intellect; and if any man is chosen for a representative position because he was a reformer out of doors, nine times out of ten he rats when he has gained his chair, and outbids the dullest lover of the past. Mr. SOUTHAM of Manchester only expressed the general feeling of the profession last week in his speech there, when he indulged in a general growl at both of these bodies, and criticized their performances in a very unfavourable sense. £40,000 have the Medical Council extracted from the pockets of the profession in the course of three years, and the only return is an imperfect register of names, published at a heavy price, and containing a considerable number of names which respectable men think it no honour to have officially associated with their own; so little appreciated that not one man in a hundred has seen it; its chief use being to the quondam quacks, who have been enabled by it to legalize the tricks which they call practice. Since the beginning of the operations of the Council, they have calmly seen nearly all the evils perpetuated which they were created to prevent. More diplomas have been sold, merely sold, to British practitioners; more quacks have flourished and defied prosecution; more medical men have advertised disgracefully; more titles have been assumed, than in the two years preceding their creation. The one boon promised—the advance of medical education—has been ridiculously abandoned. The College of Surgeons of England have openly defied the regulations of the Council, and the Council has murmured acquiescence in its humiliation.

The question has also been of late frequently asked, "What are the Council doing about the new Pharmacopœia—when will it be published?" To which the stereotyped reply is, "Very soon." Still such an oft-foretold event seems a myth, although we now know how the money voted by the General Council is expended. This important revelation Dr. GARROD made in his report presented last May, wherein he shows, that of the £1000 granted to the Pharmacopœia Committee, £608 14s. were paid to the three secretaries and respective delegates for attendances at conferences; while the expenses of sub and branch committees amounted to £258 16s. 9d., besides £3 15s. 6d. as beadle's fees! being altogether £871 6s. 3d. as the aggregate preliminary expenses incurred up to October, 1861. With respect to the balance of £128 13s. 9d., and an additional £500 lately voted by the Medical Council, doubtless, on a future occasion, a statement will be made, explaining how the £628 13s. 9d. at present in hand will have been expended. Of course we shall have a report. That at least is certain. But then the Council are here in a difficulty. They have discovered that they have no power to impose a standard Pharmacopœia throughout the kingdom, and no copyright. That power is by statute vested in the College of Physicians of London for England, and in the College of Physicians of Ireland for that country. The poor Council have, therefore, again to beg for a little supplementary legislation to help them over the style, and if the Corporations resist them, they may find the passage not perfectly easy.

If the General Medical Council, then, are to obtain the confidence of their constituents, they must in future demonstrate their willingness and power to carry out the provisions of the Medical Act. If their powers be insufficient, if the present Act be found ambiguous and inoperative, it is their duty to apply themselves earnestly to the framing of a new measure, and using their influence to obtain an amended Act. It is certainly surprising that, with the large funds at their command, they have effected so little. They were constituted for far higher ends than those at which they have hitherto aimed. The profession look to them for wholesome regulations with regard to the social, political, and educational position of its members. The contentions of corpo-

rate bodies are unseemly in a parliament which professes to represent the great interests of medical practitioners. The profession demands that the Council should faithfully represent its interests; that they should be subjected, as all such bodies are, to the wholesome criticism of the press; that they should be actuated by broad and well-understood rules of conduct; that their motto should be, "The greatest good of the greatest number." The petty rivalries of corporate bodies, the wretched jealousies of the various examining boards, sink into insignificance before the interests of twenty thousand medical practitioners. The Medical Council, by pursuing a particular course, are in danger of losing the confidence of those they represent. They have amongst them men of mark and progress; these may at the present time be in the minority, but it is to them we look with trustfulness for the future.

Medical Annotations.

"Ne quid nimis."

SHOTS AT THE DOCTOR.

THE notion of making a surgeon responsible for the successful issue of every case under his care appears to be gaining ground. It is, may be, only an example of that prevalent archaism which is leading us back in many groves to Gothic and mediæval exemplars. Froissart and Brantome furnish authorities for inflicting punishment on the unhappy physician who failed to arrest the course of nature, and to effect recovery under all circumstances. Our courts of justice have presented lately some notable examples of the endeavour to mulct the surgeon or physician, because the patient or his friends were dissatisfied with the dispensations of Providence, and anxious for a victim to soothe their discontent. One of the most flagrant instances occurred in a case (Brereton *v.* Godson) tried this week in the Court of Exchequer at Nisi Prius, before the Lord Chief Baron. Here was a lad who had the misfortune to have the humerus fractured, with dislocation of the radius, and injury of nerves and arteries. According to the evidence of the witnesses for the plaintiff—for the jury stopped the case without calling for the defence,—the boy was weak, of scrofulous character, and suffered from scrofulous ulceration of the arm after splints were applied. The arm became shrunken and chronically disabled. Mr. Tatum, of St. George's Hospital, was called by the plaintiff to testify to his case; but Mr. Tatum is a surgeon who does his duty under all circumstances, and, as an eminently truthful and conscientious surgeon, he bore his testimony to the fact that this condition was due to the constitutional disabilities of the child and the difficulties of the case, and not to any unskilfulness of the surgeon. Similar testimony was borne by Mr. Berlase Childs. The defence was not called for, and of course Mr. Godson should leave the Court with his reputation as a surgeon enhanced, and not injured by this attack which has been so successfully withstood. But there are questions raised by these cases which go beyond the mere issue of the trial. The surgeon is acquitted, and his costs are paid if his unjust accuser be a person of means, or, perhaps, as in the late case of Rich and Wife *v.* Pierpoint, are not paid, and the plaintiff evades them by becoming a bankrupt. But the injury to reputation and to practice during all the time the case has been pending is in no way recompensed. The abuse and the insinuations which have been current in the neighbourhood still do some part of their work; and although it is, of course, well known that the surgeon has "got off," yet the tale still goes that he was engaged in such a case, and that the patient was very dissatisfied, and brought an action against him. We are of opinion that when in cases of this kind the charge is of a character to injure the reputation and prospects of the defendant, and it altogether breaks down, the accuser should, *ipso facto*, be condemned in damages, to be then and there assessed by the judge and jury who have just heard the case. So justice would be done. At present great injustice is perpetrated. A shot at the doctor costs little; but if the plaintiff had to pay for the damage which he has wilfully done to his medical adviser he would more seriously consider beforehand the mischief which he was about to cause.

FEMALE PHYSICIANS.

THE College of Physicians of Edinburgh and the Senate of the University of London have each gone near to introduce a sisterhood of medical practitioners. We confess that we should have found ourselves embarrassed in that fair company, and congratulate the profession on escaping from a predicament which would have promised sore trials to their gallantry. The ladies have fought hard to make this a question of principle, and place it on the "rights of woman" platform. In reality, it is far more a question of capability, and a matter of detail. Let us grant that women have as much "right" as men to become physicians and to practise medicine. How are the Colleges, in the present state of things, to grant them diplomas? Patients, these ladies should remember, are of two sexes, male and female. Are the ladies prepared, as we are, to take under their care nine-tenths of the male diseases? Or, if they are prepared to do so, how are they to acquire the necessary knowledge? We know of no hospital at present at which the ladies would be admitted to study these diseases in mixed classes with male students. Supposing that exclusive opportunities of studying were provided by the professors, we doubt whether such patients could be found to parade their maladies or their frailties before female eyes. At present there is no possibility of any lady acquiring such a practical knowledge of general surgical and medical practice as would justify any of the Colleges or Universities in giving her a diploma to practise. If these ladies desire only to practise midwifery, there is hardly any necessity for such a licence, for the certificates from the various lying-in institutions supply that deficiency. If they desire to practise only amongst women and children, the question of creating a special degree for that purpose would be a very difficult one, for it is hardly possible to conceive a curriculum which should qualify for that more extended duty being gone through by any lady at our existing hospitals. Our Colleges strictly regulate, in the case of male students, the course of study to be pursued; and they have a right to do the same for female students. There is no objection to the admission of females to practise among women and children, if they provide the means of qualifying themselves to do so. Even the question of treating male children will often present indecencies and difficulties; and the partition of families into halves—one moiety attended by the female physician, and the other by the male—exhibits features of apparent absurdity and inconvenience.

THE CONSTRUCTION OF HOSPITALS.

FOREMOST amongst those who have devoted their attention to the construction of hospitals is Mr. Charles Hawkins. To him the merit is due of having improved St. George's Hospital, and of having superintended the building of Queen Charlotte's Lying-in Hospital. It is admitted on all hands, that the improvements he has effected have been most practical and satisfactory. His letter (p. 20), then, is entitled to the serious consideration of the promoters of the new hospital about to be erected in Surrey. The letter of Mr. Hawkins renders it to a great extent unnecessary that we should express our own opinions with reference to the formation of the new building, inasmuch as in the main points we entirely agree with him.

There can be no doubt that in the treatment and cure of

disease much will depend as to the result upon the place provided for those who are under medical care. Experience has shown that the more formidable diseases to which patients are exposed—such as pyæmia and hospital gangrene—are, under proper regulations, preventable. We commend to the thoughtful attention of those who are philanthropically endeavouring to ameliorate the condition of a very large class of our suffering fellow-creatures the enlarged experience and the thoroughly practical suggestions of Mr. Hawkins. Liberality in this respect may be happily combined with a judicious economy. As "prevention is better than cure," it is evident that any plan in the construction of public hospitals which is calculated to check the spread of preventable diseases, is fraught with advantages the importance of which it would be difficult to over-estimate.

THE

GREAT INTERNATIONAL EXHIBITION.

VIII.

CHEMICAL AND PHARMACEUTICAL PRODUCTS.

AMONGST the chemical products displayed in the Eastern Annex there is a little group of specimens to which the attention of those interested in the progress of chemical science should be directed. These specimens are contained in a small glass case, with neither name, nor number, nor place in the Catalogue. In fact, there is very little to attract the notice of passers-by, unless it be a piece of paper in the case, on which is painted the solar spectrum; for the specimens are few in number, small in quantity, and unattractive in appearance. "Spanish copper pyrites, containing thallium," "Crude sulphur obtained from the pyrites," a few grains of a black powder, labeled "thallium," and three other specimens of similar description, make up the contents of the case. There is, however, a history attached to these specimens which gives to them a high degree of interest. What is thallium? But the other day we knew not of the existence of such a body, and now it is added to the list of elements of which our globe is composed. It was discovered by Mr. Crookes, who exhibits it here in connexion with some of the sources from which it has been obtained. Its detection was effected, not by chemical, but by physical means. On burning the sulphur with which it has been found associated, and passing the light of the flame through a prism, the resulting spectrum presented a peculiarity which indicated the presence of some hitherto unknown body, and this proved to be the element thallium. By similar means two other elements—namely, cæsium and rubidium—were discovered by Bunsen in the waters of the Durkheim spring, although a ton of the water did not contain more than three or four grains of the chlorides of the new metals. In the Austrian department of the Exhibition, near the western dome, there is a specimen, weighing several ounces, of the mixed chlorides of cæsium and rubidium, such a specimen as we believe has never before been exhibited. This specimen is amongst the chemical products of Wagenmann, Seybel, and Co., of Liesing, near Vienna, No. 166 in the Catalogue. Since the Exhibition has been opened, we understand that considerable quantities (as compared with the specimens previously prepared) of the element thallium have been obtained from the deposit found in the lead chamber of an oil of vitriol works, in which pyrites (probably copper pyrites) was burned for the production of the acid. Mr. Crookes' collection of thallium specimens will be found by the crystal trophy in the Eastern Annex. If it should be asked, What is the use of thallium? we would refer the inquirer to some specimens in a small case only a few yards off, No. 653, and desire him to say what would have been the answer to a similar question if asked sixteen or eighteen years ago with regard to the chloroform of which those specimens consist—now so important a medicinal agent. Messrs. Duncan, Flockhart, and Co., of Edinburgh, whose specimens we refer to, have acquired a great reputation for the production of this valuable anæsthetic agent in a state of purity, and they exhibit it here as produced from pure alcohol, and also from methylated spirit. Eighteen years ago chloroform was known only as an object of scientific interest; now it is manufactured upon a large scale for medical and other purposes. Much improvement has been effected in its manufacture, especially in its production from methylated spirit, some of the specimens of this being scarcely distinguishable from that made from pure spirit. When applied as an anæsthetic agent, however, none but the purest and best ought to be employed.

It is amongst the important objects of the Exhibition, not only to show the existing state of the manufactures of this and other countries, but to afford the means of comparing the products of such manufactures, and of indicating the progress which has been made in the improvement of the manufacturing arts and methods of production. We think there is evidence of a general improvement in the manufacture of pharmaceutical products. On looking carefully over the preparations exhibited, especially those in the extensive collection of the Pharmaceutical Society, where there are specimens contributed by a great number of pharmaceutists in London and throughout the country, we find indications of careful and skilful manipulation, for which we might have sought in vain amongst the productions of an equal number of men similarly selected some twenty or thirty years ago. The distilled waters, extracts, ointments, and syrups may be especially referred to in corroboration of this statement. It used to be often said that syrups were never made as they ought to be by English pharmaceutists—that we must go to France for good medicinal syrups; but this is completely disproved by the syrups of all sorts exhibited by Messrs. A. Bird; Blake, Sandford, and Blake; Brewer; Davenport; Squire; Wilkinson, &c. Great improvement is also manifest in some of the ointments, especially zinc ointment and citrine ointment, and lard, both simple and benzoated, as prepared by J. Bell and Co. Those only who are engaged in the practice of medicine can fully appreciate the importance of having these preparations in the highest possible state of perfection. It is here and in similar preparations, which some persons may be disposed to pass over as unworthy of notice, that we shall find the best evidence of the exercise and of the influence of skill in the art of pharmacy. The ingredients used, and the process adopted, being the same in two operations, the products may nevertheless differ as widely as may two dishes prepared, the one by a good and the other by a bad cook. What is pharmacy, as an art, but a system of refined cookery, in which the efficacy of the products depends in great measure upon the skill of the operator? Compare, for instance, the medicinal extracts, especially those made from green plants, such as hemlock, henbane, belladonna, &c., as produced and exhibited by Bell and Co., Hooper, Squire, Watts, and others in the pharmaceutical collection, and elsewhere in the eastern annex, with similar extracts in other parts of the Exhibition, and a striking difference will be observed. Extracts will be found in some of the collections in the Austrian department, and also in the large collection of medicines from Turkey, but they are very deficient in the qualities indicating careful and skilful manipulation. There are good extracts exhibited in the French department, especially by Menier, of Paris, and Berjot, of Caen. Those exhibited by the latter are remarkable in appearance, and we doubt not are possessed of a high degree of medicinal efficacy. They are made by evaporation *in vacuo;* and being reduced to perfect dryness while in the vacuum pan, they have a light spongy condition somewhat resembling the state in which tannin is usually prepared. But these extracts can only be kept in this state while they are preserved in close vessels excluded from the air. The vesicular condition they are in while dry gives them a light colour very different from that which they acquire on exposure to the air, when they rapidly absorb moisture, become soft—unduly soft if much exposed,—and then they have the colour of extracts made from the same sources in the usual way.

There are no exhibitors of extracts prepared *in vacuo* in the British department; but this method of effecting the evaporation of extracts was, we believe, first introduced by an English

pharmaceutist, Mr. Barry, a former partner in the house of Allen and Hanburys. The vacuum process has never been largely applied in this country, although it has been tried and advocated on several occasions. The fact is that the process of evaporation *in vacuo*, which presents great advantages when applied to a substance which remains fluid while under operation, and which is liable to be injured by heat or contact with atmospheric air, is not perfectly applicable in the form in which it has hitherto been employed for the preparation of medicinal extracts, as these lose their fluid condition long before the conclusion of the process. When they become thick and pasty, the circulation, which in a liquid is caused by the heat applied, ceases, and as the vacuum pan is necessarily closed for the exclusion of air, mechanical agitation cannot be effected in the usual way; the extract, therefore, adheres to the sides of the pan where the heat is applied, and the heat accumulating in the extract, which dries on this part of the pan, may cause injury to it, while that which is farther removed from the sides of the pan remains still insufficiently inspissated. We are here assuming that the pan is heated, as it usually is, by steam applied to its external surface, which implies the application of a heat of at least 212°. In addition to other difficulties which have yet to be overcome in applying the vacuum process for the preparation of extracts, there is the costliness of the apparatus, which places it beyond the reach of many operators. It is even doubtful whether the products obtained by the vacuum process, conducted in the most approved manner, possess any decided advantage over some of those which are made by evaporation in open vessels.

Extracts are exhibited by English manufacturers which we believe will bear comparison with any vacuum extracts in the Exhibition. Mr. Hooper has extracts inspissated at low temperatures in a current of dry air. J. Bell and Co. have extracts the inspissation of which is effected in shallow earthen pans at a temperature not exceeding 120°, with constant and active agitation. In these cases the vegetable albumen of the expressed juices of plants does not become coagulated, and the extracts retain in a high degree the qualities of the liquids from which they are made; but the processes are necessarily slow, and hardly applicable for operations on a large scale. Mr. Squire has some excellent extracts from which the albumen is removed, the other constituents of the liquids operated upon being retained; and these extracts are not liable to become mouldy. Allen and Hanburys, J. Watts and Co., and Wright and Francis, also exhibit extracts which appear to be in every respect good. In addition to these exhibitors there are two others who deserve to be particularly noticed. These are, Mr. Holland of Market Deeping, and Mr. Ransom of Hitchin, both of whom devote themselves to the preparation of extracts on a large scale, and also to the cultivation of the plants from which they are made. The preparations in these collections are remarkably good, including the dried medicinal plants and essential oils which form parts of them. The point, however, to which we wish particularly to advert, in reference to these collections, is the influence of cultivation on the properties of medicinal plants. Is this sufficiently studied? That the nature of the soil in which such plants are grown will exert an influence upon their properties there is every reason to believe. Most of the vegetables cultivated in our gardens for use as food are materially altered from their original wild condition through the influence of cultivation; and is it not probable that similar effects may be produced in medicinal plants when grown in soil differing from that in which they are found in the wild state? The correspondence which has recently appeared in the *Dublin Medical Press*, and which is copied into the *Pharmaceutical Journal*, with reference to the doses of tincture of henbane, shows how important it is that the efficacy and power of medicines should not be taken too much upon credit, but should be frequently tested by carefully-made experiments. The henbane now in use may perhaps be different in its action from that upon which the established character of the remedy was founded. Should such a difference have arisen in the properties of the plant, may it not be referred to the influence of cultivation and soil? The manure applied to a field may be made to materially alter the character of the herbage in it. Of this there are some very interesting illustrations on the experimental lands of Mr. Lawes of Rothamstead. In a grass field originally all of the same soil and herbage, different parts have been differently manured. Where ammoniacal salts have been freely applied, clover and leguminous plants have entirely disappeared, while sorrel and other allied plants have become abundant: where fixed alkaline salts have been used, there is abundance of clover and no sorrel. Even the ordinary grasses have altered their characters under the influence of different manures, so that two adjoining strips of the field, having been differently treated, although bearing the same species of herbage, present very different appearances. Experiments of a similar description to those carried out by Mr. Lawes ought to be made for the purpose of determining the influence of soil and other conditions upon the properties of medicinal plants.

DESCRIPTIONS
OF
NEW REMEDIES
INTRODUCED INTO THE PRACTICE OF MEDICINE,
WITH THEIR THERAPEUTICAL EFFECTS.

No. VIII.

IN the valuable communication on the fatal or useless employment of digitalis in delirium tremens, from Dr. Morell Mackenzie, published in THE LANCET of March 8th, the following passage occurs:—"Unfortunately the revival of faith (in remedies) has not given birth to a genuine system of experimental medicine based on the rational principles of the physiological action of drugs, but has manifested itself by an impotent empiricism, supported in some cases by a certain kind of statistical evidence." If our readers have given any attention to our general remarks on new remedies, they will not have failed to observe, that while we assert our present dependence on empirical experience in many cases in the adoption of remedies, we do not regard this with satisfaction. On the contrary, it is clearly a present defect in therapeutics, which, in the progress of the science, we hope to see removed. The fact cannot, however, be disputed. On what else do we rely in administering quinine in periodic diseases, in treating gout with colchicum, in giving iron in neuralgia, or the zinc salts in chorea? We are unacquainted with the physiological action of many medicines which experience has incontestably proved to be valuable remedies in the treatment of diseases. If we limited our materia medica to those substances the *rationale* of whose action can be unequivocally assigned, our resources would be scanty indeed. We hail with pleasure attempts to connect the physiological influence of remedies with their therapeutic action, even when the *rationale* offered is disputable. Thus the suggestion of Dr. Garrod that scurvy and some forms of rheumatism are dependent on a deficiency of potash salts in the system, and that the known remedial effects of lemon-juice and fresh vegetables arise from the presence of readily assimilable forms of potash, although not generally accepted, has been received with respectful attention. We do not, as therapeutists, ignore or despise the teaching of science, but we hold that it is at present inadequate; and while we await its advance, it is wise to avail ourselves of empirical experience—to listen to and sift the testimony offered to us.

It is quite true that the "numerical method" has been but imperfectly applied to the subject. We should be glad in all cases to be in possession of the per-centages of success and failure of alleged remedies. There is a tendency to record successful experiments, and to pass by in silence failures. In this point of view Dr. Mackenzie's cases of delirium tremens are most valuable. *A priori*, and with our knowledge of the depressing effects of digitalis, it would not to many of us appear to promise any advantage in delirium tremens; but against this prepossession we had to set the positive testimony of several practitioners, and now we have the opposing facts alluded to. In the absence of clearly related cases of failure, it is not, however, safe to contradict statements of the beneficial use of any remedy. No subject within our sphere gives rise to more diverse or conflicting opinion than the *rationale* of the action of remedies; and if by "physiological action" is meant their influence on the system in health, we are greatly in need of well-established facts to guide our inferences. But we have many remedies for diseases which either produce no known effects on the healthy body, or which so act as to render

their curative powers rather less than more explicable. Consider the instances of the power of antimonials in reducing continued fever, whilst they are inoperative in periodics; of iodides in relieving pain; of bromides in arresting the growth of fleshy tumours; of guaiacum in relieving rheumatism, &c.

We cannot deny our deficiency in not having the numerical proportion of success and failure with respect to all these, but we are quite sure that, if we did possess it, an advance in our knowledge of great value would be attained. In pathology statistical inquiries have been eminently successful in elucidating the correlation of symptoms and disorganizations, the distinction of causes and effects—of invariable and contingent sequences. They have tended to correct both our diagnosis and prognosis, and we believe if judiciously employed they would equally benefit therapeutics.

PHYSALIS ALKAKENGI.

Happily, we are not responsible for the uncouth terms in use by botanists. The public, however, seem to be satisfied with them. The above term is to be found in the ordinary lists of garden plants, to designate a perennial herbaceous plant belonging to the natural order Solanaceæ, cultivated in this country because it is green and yields its berries during the winter months. The berries are used to enliven with their red colour the bouquets sold in Covent-garden when other flowers are scarce. It is, in short, the *winter cherry*. This plant grows wild extensively in the south of Europe, where the berries are eaten and are sometimes used to impart a ruby-red colour to beer. These berries are about the size of a cherry, nearly enveloped by a calyx, and contain numerous flat, kidney-shaped seeds. Their taste is acid, with a slight bitter. The leaves, capsules, and all parts of the plant have a strong bitter taste, which appears to reside in a principle which has been isolated and designated *physalin*.

The mode of obtaining this principle is as follows: The leaves and capsules are treated with chloroform, which, when saturated, is evaporated, and the residue dissolved in boiling alcohol. This solution is then decolorized by means of animal charcoal, filtered, precipitated with water, washed, and dried. Physalin is a light powder, with a shade of yellow; its taste is at first slight, but afterwards very bitter. It is slightly soluble in cold, more so in boiling water, very soluble in alcohol and in chloroform. It is aperient and diuretic, and has been recommended in gravel and other disorders of the urinary organs. These properties have been attributed to the plant from the time of Dioscorides, and it has probably never been wholly discarded from domestic practice. French authors have recommended it in ischuria renalis, and it has even been extolled in epilepsy; but it seems to be destitute of the narcotic properties commonly belonging to solanaceous plants. Ray states that the berries, taken every morning, have been known to prevent the attack of gout. Recently a French physician has published a pamphlet on the subject of gout, in which he asserts that the physalis alkakengi is a remedy more efficacious than colchicum, whilst it is devoid of the objectionable properties of the latter.

The attention of the writer was called to this substance by patients who alleged that they had experienced great and remarkable benefits from its use in overt attacks of gout, and the erratic symptoms called masked gout. On this ground alone we have deemed it proper to give it a place in these papers for experiment, without further vouching for its efficacy.

The French author prepares what he calls alkakengine in the following manner:—He takes the flowers, calyx, and unripe berries, carefully dries them, and reduces them to fine powder. This he makes into a moist paste with water, adds a little slaked lime in fine powder, and treats the mass with boiling alcohol; he filters and distils off the alcohol, and the residue is his alkakengine.

To administer this he mixes it with an equal portion of solution of silicate of soda, and forms it into pills with powder of the *Teucrium chamædrys* (germander). Of these pills he gives five or six during the day in an overt attack of gout, and two or three for slighter symptoms, increasing or diminishing the number according to the effects observed. He prescribes at the same time an aperient, consisting of extract of colocynth and extract of cinchona bark.

It may be observed that the germander had a reputation for relieving gout before colchicum was introduced. It was one of the ingredients of the celebrated Portland powder.

MENISPERMUM FENESTRATUM.

Calumba wood; Calumbach; False Columbo.—This plant, a strong woody creeper, grows plentifully in the island of Ceylon, where an infusion of the wood has long been used as a tonic bitter, and is esteemed very valuable. A few years ago a large quantity of the woody stems was imported into this country, and not being known, and consequently no demand existing for it in the market, it was sawn into slices, and sold as columbo root. A chemical examination of a specimen was made in the laboratory of St. Bartholomew's Hospital, by Mr. Jas. D. Perrins, under the superintendence of Dr. Stenhouse, and the results given in a paper in the *Philosophical Magazine* for Aug. 1853. Previously a botanical and commercial account of it was published by Mr Daniel Hanbury, in the *Pharmaceutical Journal* for 1851. This wood was found to be very rich in an alkaloid, termed *berberine*, because first discovered in the root of the *Berberis vulgaris*. This must not be confounded with bebeerine, the active uncrystalline principle of the bebeeree tree of Guiana. Berberine is a crystalline basic body, or alkaloid, forming salts with acids. It is found in a very small proportion in columbo root. We must not, however, suppose that because these three vegetables contain what appears to be one and the same alkaloid, that they are therefore identical in their therapeutic properties. They furnish an illustration of a fact noticed in a former paper,—namely, the occurrence in the same drug of several constituents of diverse properties—adjuvant, corrective, or antagonistic. The columbo contains another crystalline principle, *columbine*. The root in infusion, or tincture, is a simple bitter tonic, whilst the wood before us is powerfully tonic, perhaps by reason of its alkaloid, berberine, and is also aperient. With this combination of useful properties, it has no astringency, and consequently does not, like rhubarb, produce subsequent constipation. Some metropolitan practitioners who have employed it rather extensively, have formed a very favourable opinion of the tonic power of the menispermum, and consider it far more active than columbo, approaching nearly in this respect to the cinchonas, whilst it has the other advantages of columbo, in being free from all stimulating action and astringency, being congenial to the stomach, with the addition of a decided aperient action. It is further worthy of note, that an old treatise, of the date 1699, is referred to by Mr. Daniel Hanbury in the paper alluded to above, wherein this wood, probably, under the name of columbo, or calumbach wood, is extolled as curative of gout and rheumatism.

MENISPERMUM CANADENSE.

Yellow Parilla.—This plant, belonging to the same family as the above, is indigenous to North America, growing abundantly in all the States from Canada to the Mississippi. The root is the part employed. It is tonic, laxative, diuretic, alterative—properties similar to those attributed to the *Menispermum fenestratum*. For the reasons stated in a former paper, it is probable that a readier and more certain supply of the American species can be obtained than of that from the island of Ceylon, and this may recommend this drug in preference for experiment in this country. Nearly allied as the two plants are, it by no means follows that their therapeutic actions are identical. Yellow parilla is alleged to be of great value in general debility, dyspepsia, scrofula, and many cutaneous diseases. We have not met with any analysis of this root, but its visible and therapeutic properties would seem to warrant the expectation that it contains berberine, associated with an aperient resinous or extractive matter. A concentrated preparation of parilla is in the market, and is said to represent fully its remedial value. It is designated *menispermin*. The dose of this substance is two grains repeated three times a day.

Correspondence.

"Audi alteram partem."

ON THE CONSTRUCTION OF HOSPITALS.

(LETTER FROM MR. CHARLES HAWKINS.)

To the Editor of THE LANCET.

SIR,—In your last number you say you insert a letter "in order to elicit the most recent professional experience on the most important question"—viz., the construction of hospitals. Perhaps you may find room for a few lines from me, having given some attention to the subject, and visited within the last two years some of the best-constructed hospitals in France, Italy, and Belgium.

Last year I was waited on by one of a deputation from abroad, who visited England for the purpose of informing themselves on all that we had done lately in hospital construction. When requested to point out the hospital in England that might serve as a model to be copied, I confess I was obliged to say that I knew of none. I trust the hospitals about to be built by the governors of St. Thomas's, and those in Leeds and Surrey, may be so constructed as to serve as models for all countries. The first question to be considered is, what is the best size and plan of an hospital? In my opinion, an hospital to contain 400, or at most 500 beds, is quite large enough for any one neighbourhood, and for all clinical purposes, and will hold quite as many sick people as ought to be congregated in one building. As to the plan, of course this must depend in a great measure on the value of land; and as in this country, both in London and the provincial towns, the price of land is so enormous that it appears to me to shut out what is called the "*Pavilion*" plan, whatever its merits and demerits may be, and it has both, I think the best plan we can adopt is that of the letter H; the wards being only in the wings, and the centre of the building used for the officers' apartments and the other necessary rooms and offices, &c. &c. The wings can be made long or short, according to the number of beds to be required. A plan of such an hospital—to contain 250 beds—I exhibited last year in the Architectural Exhibition. In this plan wards have windows on each side, which I consider a *sine qud non*. The fire-place is placed in the centre of the ward, having two faces. In this plan the fire-place is so situated as more equally to distribute the heat, and to be seen by a larger number of patients; whilst a portion of the building through which the chimney goes serves as a ventilating shaft.

Not to take up your space, I will briefly state what, in my opinion, is requisité in constructing an hospital. In the first place, the wards should have windows on both sides; no entrance to wards through corridors that cannot be ventilated, or, what is worse, no *double* wards; all water-closets to be placed in a portion of the building projecting from the main building, so that they can have windows on both sides. Each ward to have attached to it a lavatory, with a constant supply of hot and cold water, where the patients who are able to get up may wash themselves; also a room fitted with *slate* shelves, where the provisions of the patients—such as bread, butter, and milk for the day—may be placed, and not, as now they usually are, on shelves over the bed; a room also to contain the clothes of the patients—not to be placed as they now are in boxes close to, or, what is worse, under the patients' beds. If there are nurses' rooms, large windows in them, so that they may have a view of the patients (and no green blinds allowed in these rooms, so as to do away with their use). Of course it is not requisite to mention the necessity of having hot and cold baths, lifts, &c.

In an hospital such as I have mentioned, there should be at least three large staircases: one in each wing for the *patients* (and if the wings are long, two may be required); and one in the centre of the building for the use of those in the hospital not patients. All these staircases should have an opening in the roof, filled in with perforated zinc, and covered for protection from rain by a raised zinc chimney or cowl. Such a plan has been adopted at St. George's Hospital with good results. The windows in the wards should be like those in use in the Middlesex and St. George's, opening by a very simple arrangement in three or four divisions, the quantity of open space being regulated according to the quantity of fresh air required.

As to the grand point, *ventilation*, I must confess that I have very little faith in what is called "scientific" ventilation, and I have seen a good deal of it. The ventilation of an hospital may be effected in a different mode to what may be required in large buildings containing a vast number of people, such as churches and theatres. I believe the ventilation of an hospital to be a very simple matter. Let the wards be built as I have advised; the windows kept almost constantly open, however small a portion of them; the staircases, halls, and corridors large, and warmed when necessary with hot water; Dr. Arnott's ventilators in the chimneys; all water-closets being well shut from, although communicating with, the wards; all offensive dressings, &c., to be immediately removed from the wards.

Regarding the size of wards, I think they should not be too large nor too small; from 20 to 25 beds in each; from 1500 to 2000 cubic feet of space to each patient; wards not too lofty; windows reaching within nine inches of the ceiling; and at least six feet space between the beds. Wards thus constructed, and proper attention being paid by the attendants to the means of ventilation, will be kept as sweet and pure as rooms can be containing a number of sick people.

I cannot conclude these remarks without strongly expressing my decided opinion of the *absolute necessity* of every hospital containing convalescent wards. Such wards have lately been constructed in St. George's Hospital; but as they were made at my suggestion, and after my plans, I would rather quote what is thought of them by others. The following is from the Annual Report of the hospital, just published:—

"The two day wards at the top of the hospital, used as convalescent wards, have proved very beneficial; and the Weekly Board consider the following extract from a clinical lecture, delivered at the hospital by Mr. Prescott Hewett, one of the surgeons to the hospital, will be very acceptable and interesting:—'As for pyæmia, in hospital practice, that, I am happy to say, is less frequent in the wards of St. George's Hospital than it used to be; indeed, for the last two or three years, our wards have been remarkably free from this bane of surgery; and for this improvement there is no doubt that we are mainly indebted to our convalescent wards—the large well-aired rooms which have lately been built at the top of the hospital. These convalescent wards I consider to be of the utmost use, not only to the patients who are thus enabled in all weathers to get out of their own wards, but also to the patients who may still be obliged to remain in bed; the general wards are relieved of a certain number of patients during a great part of the day, and both sets of patients thus have a purer atmosphere to breathe.'"

There is also one other subject well worthy the consideration of governors of hospitals: the desirability of spending a little money in ornamentation of the *wards*. £40 or £50 will go a long way, in a large hospital, in giving to the wards an appearance of something like decorative art; and such a modest outlay will tend to enliven the spirits and hasten the cure of many a patient now doomed to have nothing on which to rest a restless eye than the eternal whitewash of most hospitals. A little shade of colour introduced into the wash for the walls, with a party-coloured border, is all that is required, with a few well selected engravings.

To perfection in drainage it is hardly necessary to allude. The remarks I have ventured to bring before you are necessarily brief, and only touch on some of the most salient points in hospital construction. If I had more time, I would lay before the profession some extended observations; but thanking you for the space you have afforded me,

I am, Sir, yours &c.,

Savile-row, July, 1862. CHARLES HAWKINS, F.R.C.S.

THE CHARITY OF THE TURF.

(LETTER FROM MR. BOND.)

"There was a certain rich man, which was clothed in purple and fine linen, and fared sumptuously every day.

"And there was a certain beggar, named Lazarus, which was laid at his gate, *full of sores*, and desiring to be fed with the *crumbs* which fell from the rich man's table."

To the Editor of THE LANCET.

SIR,—I beg to express to you my deep obligations for your able advocacy in a recent number, in an article headed "Philanthropy of the Turf." For the honourable mention made therein of myself, I can only say that I wish I was as conscious of deserving it as I am of fully appreciating its worth. In requesting a brief space in your valuable journal, I desire only to confirm the statement made by you, and having special reference to my name and policy. I beg distinctly to state, therefore, that in the renewed expression of my determination to uphold the proposition made in my former letter, addressed to the Jockey Club, September, 1860, I disclaim all desire to *dictate* to any creature on earth as to what form his benevolence is to be exercised. My constant endeavour will be to place the turf, as an institution, in closer affinity with the sick poor of our needy and unendowed London hospitals; and this endeavour, I beg to observe, will not be violent and transient, but steady and continued, prosecuted and persevered in with all the humble ability I possess, and with total contempt of censure, sneers, or wonder, and animated, I hope, by resolution not to stop while more can be done.

That a community like racing, with an augmenting fund, at present equal to about £200,000 per annum, should exist in England without contributing—say, *five* per cent.—to our hard-worked, suffering metropolitan charities, is a fact which I, as

a member of Tattersall's, blush to record. Now, I think it may be fairly urged, and that, too, without fear of contradiction, that *this* is, in every sense of the word, an exceptional year, and but for the lamented loss of *one* whose memory will be for ever dear to us, would be a *gala* year. *His* grand conception—the World's Fair—is now in full practical work. Our capital swarms with strangers; casualties must increase in a fearful ratio; St. Thomas's *pro tem.* will be partially neutralized in its usefulness; myriads will throng the portals of these glorious receptacles for the alleviation of misery. This, then, I humbly contend, is the acceptable time for the initiation of such a principle.

Now, Sir, my present most earnest appeal (in anticipation of any general measure to be taken by the Jockey Club) is made to the fortunate winners of the Derby and Oaks—viz., that if *they* will kindly consent *this year* to an allocation of ten per cent. of their winnings, I will, with much pleasure, add a contribution of 1000 guineas; but should such per-centage be deemed excessive, I shall be happy to give an amount equal to a deduction of *five* per cent. upon their stakes respectively.

Let it be distinctly understood, that this is not offered in lieu or in abandonment of my former proposition, the spirit of which, if I live, shall be acted up to in all its integrity, and for the fulfilment of which I await only the fiat of the Jockey Club, making it a condition, at the time of entry, next January, that five per cent. shall be allowed *en perpétuité* out of the winnings of the Derby and Oaks. They are honourable, influential, and kind-hearted men, and I make no doubt that, sooner or later, I shall obtain the seal of their high approval for the enforcement of so sacred a principle, and thus enable the indigent sick of this mighty metropolis to participate in so rich a fund. In respectfully commending the above statement to your kind consideration, I feel it necessary to make but one observation more in order to bespeak your generous assistance. Dwarfs are treated with contemptuous indifference, but when raised on the shoulders of a giant they are not only seen, but heard and respected.

I am, Sir, obediently yours,

Queen's-road, Glo'ster-gate, N.W., July, 1862. JOSEPH BOND.

ARSENICAL ROOM-PAPERS.

To the Editor of THE LANCET.

SIR,—Dr. M'Cormac mentions, in your journal of the 28th ultimo, his opinion that it is the detritus rubbed off these papers which produces their poisonous effect. I remember a case which proves this very satisfactorily. I was one day calling on a friend who had been for some time under the care of a homœopathic practitioner, suffering from symptoms which looked to me very much like slow poisoning by arsenic. Noticing a green paper in the sitting-room, I asked for some of the dust from the top of a bookcase standing at one end of the room; and on analyzing this dust, I found the poison in large quantity. On taking him under my own care he soon recovered from all his symptoms, my first prescription being the removal of the guilty paper. I might mention that the paper was a flock one.

I am, Sir, your obedient servant,

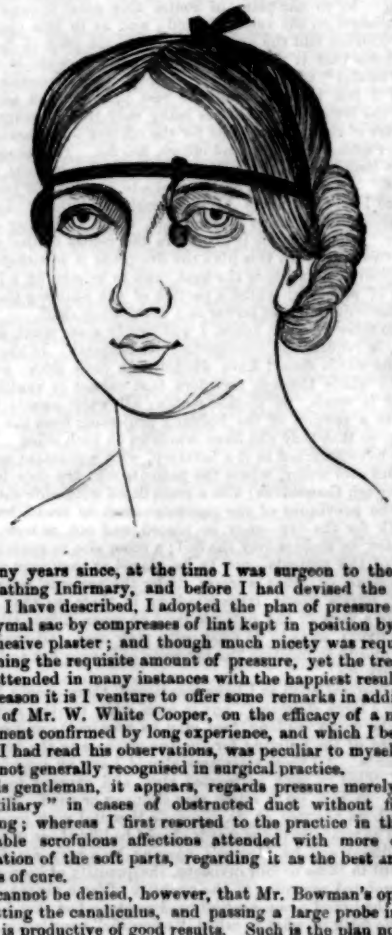
Lancaster, July, 1862. FREDERIC MEGGY, M.R.C.S. Eng.

TREATMENT OF CHRONIC OBSTRUCTION OF THE LACHRYMAL DUCT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of June 7th (p. 595), under the head of "Memorabilia of Ophthalmic Surgical Practice," by Mr. W. White Cooper, I observe some remarks on the treatment of chronic obstruction of the lachrymal duct by pressure on the sac with an instrument (constructed for him by Mr. Bigg, of Leicester-square) on the principle of a truss spring and pad. I have not yet had an opportunity of seeing it; but during the last two or three years I have been in the habit of using, at the Marylebone Eye Institution, an instrument *similar in principle*, and devised for a like purpose. It consists of a piece of watch-spring, rather more than one eighth of an inch in width, and of sufficient length to pass over the forehead to the back of the head. A piece of gutta percha is attached to either end, the one small and moulded when in a plastic state, to the parietes of the emptied sac, the other larger and spread out at the back of the head, to which a narrow riband is fastened that passes round the forehead, and, when tied at the side of the head, keeps the spring *in situ*, and secures the requisite amount of pressure. Latterly, however, I have modified this plan, using only a short spring, fastened by means of a small piece of gutta percha to the riband that goes round the forehead and is tied at the back of the head, and again secured by two other pieces of riband sewn to the sides thereof, and tied at the top of the head. In fitting the spring, care must be taken to curve the ends a little outwards before moulding the gutta percha thereto, otherwise they will penetrate it and abrade the skin. This is easily done by exposing them to a red heat in the flame of a spirit lamp, and whilst in this state making the requisite curve with a pair of pliers.

The accompanying sketch will sufficiently indicate the nature of the apparatus, and its mode of application.



Many years since, at the time I was surgeon to the Royal Sea Bathing Infirmary, and before I had devised the instrument I have described, I adopted the plan of pressure on the lachrymal sac by compresses of lint kept in position by straps of adhesive plaster; and though much nicety was required in obtaining the requisite amount of pressure, yet the treatment was attended in many instances with the happiest results; for this reason it is I venture to offer some remarks in addition to those of Mr. W. White Cooper, on the efficacy of a mode of treatment confirmed by long experience, and which I believed, until I had read his observations, was peculiar to myself, or at least not generally recognised in surgical practice.

This gentleman, it appears, regards pressure merely as an "auxiliary" in cases of obstructed duct without fistulous opening; whereas I first resorted to the practice in those intractable scrofulous affections attended with more or less ulceration of the soft parts, regarding it as the best and only means of cure.

It cannot be denied, however, that Mr. Bowman's operation of slitting the canaliculus, and passing a large probe into the duct, is productive of good results. Such is the plan now pursued by my colleague, Mr. Obré, whilst at the same time he bears willing testimony to the success of my own method of treatment. That there are certain inconveniences consequent on dividing the canaliculus, such as those noticed by Mr. W. Cooper, must be admitted. The principal objection, however, in my mind is that the passage remains permanently open after the operation and use of the probe. Certain cases may indeed arise in which division of the canaliculus affords the best means of cure, and there could be no reason against using the "spring truss," if desirable, after this has been done.

In making pressure, the advantages derived from the use of a gutta percha pad I believe to be—1st, that it is unaffected by moisture; 2nd, it may be moulded to any shape, thereby affording great facility for adaptation to the parts concerned; 3rd, it admits the application of suitable dressings—a matter of importance where a fistulous opening exists. In such cases the patient derives great comfort from pressure if properly applied, and care be taken that the pad does not press too forcibly on the

arts. When simple obstruction of the duct exists, I usually apply, in conjunction with the spring truss, a saturated aqueous solution of iodine and iodide of potash, every second or third day, over the sac with good effect.

Finally, I may observe, that the treatment by pressure, together with Mr. Bowman's operation, will probably supersede the necessity for the old plan of silver style and button, with all its acknowledged inconveniences, in cases of lachrymal fistula.

I am, Sir, yours, &c.,

June, 1862. WM. OLIVER CHALK, M.R.C.S.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—A consideration for your space was the *sole* reason of my not forwarding for needless insertion "a list of the paupers and the number of patients" from Lord Elcho's Return. Because this Return was not "ordered" to illustrate the working of my plan, is assuredly not a fault, but rather a misfortune, of mine. I cannot, unfortunately, perform a practical impossibility.

"My plan conditionates that the same sick pauper shall be counted *but once* as a case of sickness during the half year." "Hence, according to my scheme, the cases of sickness could never exceed the 'total number of paupers relieved.'" *Consequently* there is no provision in my Remuneration Clause, for an excess beyond 100 per cent. of the ratio of sickness to pauperism.

In deducing, therefore, from "what *only could* be the *maximum* amount of cases (according to my definition of a case of sickness)," must confessedly afford much safer guidance for an estimate of what my plan could produce, than to commit the absurdity of taking figures which *could never occur* if my scheme were adopted.

My tables, with their analysis, will afford a sufficient criterion to enable medical officers to judge of the comparative extent to which the two plans will interfere with their present rates per case. But I must again forcibly impress on my colleagues the fallacy of estimating a future millennium for the doctors' salaries from the Circean figures in Lord Elcho's Return. The number of "cases" would undoubtedly diminish under *any* system based on totals.

Though withdrawing from this present controversy, I shall still keep a watchful eye on the progress of the cause. I would that my individual watching were aided by a real working body, framed as I have suggested; and to which (*having power to add to its number*) any member would *of course* be "allowed to name some of the Committee."

I am, Sir, your obedient servant,

Bishopsgate-street Without, June, 1862. ROBERT FOWLER, M.D.

SANITARY CONDITION OF THE ROYAL NAVY.

To the Editor of THE LANCET.

SIR,—The reconstruction of the navy, and its present state of transition, must greatly modify many of our previous sanitary precautions.

In the year 1857 you inserted in THE LANCET a letter of mine, recommending a thin metallic coating of Muntz's metal for the bilges of wooden ships and steamers, with the view of diminishing the offensive smell which is so annoying and deleterious, especially in warm climates, notwithstanding the greatest attention to cleanliness, and the free use of the chlorides of zinc and lime.

At the same time I sent that suggestion to the Admiralty, but it was quietly shelved and overlooked. Perhaps it may yet emerge from the official waste-basket, as inventions of infinitely greater value have recently done. I alluded to this subject amongst the hygienic hints in my "Medical Notes on China," which you published on the 14th ult.

I am aware that a kind of composition or varnish, consisting chiefly of the oxide of copper, has been used with temporary benefit. My attention has since been directed to an Admiralty order, directing 70 tons of brick and mortar to be laid down along the bilges of H.M.S. *Warrior*, I presume with the view of facilitating their cleaning, and preventing the accumulation of bilge-water. How this will act time and experience alone can decide, but its effects will of course be narrowly watched by the captain, medical officers, and chief engineer of the ship.

The elaborate statistical reports of the navy by Drs. Wilson and Bryson, F.R.S., prove that there is no class of men who, on the whole, enjoy a greater exemption from fatal disease than those employed in the royal navy; still it cannot be denied that much remains to be done in the way of mitigating, if not entirely averting, the destructive influences of epidemic disease within the tropics.

Dr. Milroy's valuable researches and important inferences, Dr. Slayter's paper on the fever in the West Indies, read a few days ago before the Epidemiological Society, the startling disclosures made by the late lamented Dr. M'William, in reference to the health of the mercantile marine, as well as the numerous reports of naval surgeons, clearly show that sanitary reformers must not slumber until the per-centage of sickness is even less than it is at present.

As you remarked in THE LANCET of 26th April last, the prominent remedies are "an improved and dispersed system of berthing the men at night, forced ventilation especially in screw steamers, and an organized system of cleansing the hold." What this system is, is still *sub judice*.

This subject, confessedly of paramount importance, in many of its bearings comes within the domain of the chemist. It would be well, therefore, if the Admiralty were to authorize the Chief Constructor of the navy to consult one of the great chemical philosophers of the day, such as Professor Lyon Playfair, M.D., C.B.

Another great desideratum is some generally recognised rule of guidance and procedure when eruptions of fever and cholera do occur.

The case of H.M.S. *Icarus* clearly and painfully shows the absolute necessity of shunning, as far as possible, every port or place where yellow fever exists; and should it unfortunately break out on board, the proper course is, whatever the sacrifice may be, to run to a colder latitude.

Instructions to this effect, dictated by humanity, and founded on the deductions of science and the recommendations of medical officers, have recently been given by the Commander-in-Chief in the West Indies.

I am, Sir, your obedient servant,

Kidderminster, June, 1862. JOHN ROSE, M.D., Surgeon R.N.

PRESERVATION OF ANIMAL FOOD.

To the Editor of THE LANCET.

SIR,—Knowing the avidity with which you seek information upon subjects having for their object the general good, and more especially if that subject is dependent upon chemical scientific researches, I am induced to go out of my usual course by forwarding this letter on the important subject of the preservation of animal food in its uncooked state.

I was invited a few days since by Mr. Richard Jones, of Botolph-lane, City, to inspect his specimens of uncooked preserved joints of meat. A simple statement of facts will explain more fully the nature of this application of science to the requirements of man than any description of mine will convey. I was shown several hundred tins containing hams and bacon, hermetically sealed, from which the whole of the air had been extracted, and the vessel filled with a non-decomposing element, to be shipped for consumption to India, China, and other tropical climates. It will, doubtless, be said that nothing is more simple than to preserve that which has been already cured by salting; at all events, the success attending this branch of the business paved the way for more astonishing results, for in consequence of the perfectly-preserved state of these mildly-cured animal substances, it was determined to try the same means upon fresh *uncooked* meat. The various specimens inspected are a proof of the superiority of this method over every other that has been hitherto brought under the notice of the public.

It appears that Mr. Jones has been engaged on his investigation into this subject for several years. He, from the onset, felt satisfied that if means could be adopted by which every pound of meat should have its given quantity of preservative gas, and the vessel containing the meat could be deprived of the whole of its oxygen, the result must be an entire absence of decomposition. Such a theory put into practice is entirely confirmed by results. As a proof, there are a large number of tins containing beef, legs of mutton, fowls, sausages, fish, &c., all of which have been there for months, put to every test of temperature, yet remain perfectly free from decomposition. It was found by experience that tin, although the most convenient vessel, had its objection, and it was determined to place the material to be acted upon in earthenware pans or jars. The result was most satisfactory: the meat could

LUME TIGHTLY BOUND

not be distinguished, either before or after cooking, from that just obtained from the butcher's, although encased for several months previously. Such was the success attending the placing it in earthenware that Mr. Jones determined to expose the meat thus preserved under glass shades for the Exhibition. For this purpose he merely secured a fresh leg of mutton to a porcelain fish strainer, and fastened this to a small board, into which were screwed some tin stands; these were soldered to a tin-plate bottom, which was again soldered to a rim of tin, which had been previously secured to the bottom of the glass shade by means of hot cement. The air was then withdrawn from the inside of the shade, a non-decomposing gas introduced, and the aperture sealed up. The apparatus arranged to carry out this purpose protects the fragile glass, whatever may be the amount of atmospheric pressure. During this operation the glass becomes dim in consequence of the deposit of vapour from the meat upon the inside of the glass; yet the contents are distinctly visible, neither increasing, diminishing, or changing their natural appearance.

These are now in the eastern annex of the International Exhibition. Several of these glass shades, containing beef, mutton, fowls, pigeons, salmon, soles, &c., are well worthy the inspection of our naval, military, and hospital surgeons. Who knows but what meat now allowed to rot in the Brazils and other distant countries for want of means of preserving it may be brought to this country, and be a cheap food for our over-crowded population! There is a large field open to inquiry, and we have only now arrived at the beginning of large results. From looking at the specimens of animal food, I am led to think that similar means applied to the preservation of pathological and anatomical specimens would add much to the beauty of our museums. I am, Sir, yours respectfully,

SAMUEL AINSWORTH, F.L.S., &c.

Villa Mont Blanc, Spring-grove, June, 1862.

ELECTION OF COUNCILLORS OF THE ROYAL COLLEGE OF SURGEONS.

THE annual meeting for the election of Fellows into the Council took place on Thursday, and owing to there being three vacancies, and six candidates offering themselves to fill such seats, an unusually large attendance of metropolitan and provincial Fellows assembled to record their votes for their several friends. The three vacancies have been caused by the retirement of Sir Benjamin Brodie, Bart., the decease of Mr. Stanley, (two life members of the Council,) and the retirement, in rotation, of Mr. Cock, who, however, offered himself for re-election. The other eligible candidates were, Mr. Turner, of Manchester; Mr. Bishop, of Bernard-street; Mr. Paget, of Leicester; Mr. J. Adams, of St. Helen's-place, and Mr. Lane, of Grosvenor-place. The polling commenced at two o'clock, and lasted until half-past four, when the President announced the election to have fallen on Messrs. Cock, Paget, and Adams, the number of votes obtained by each candidate being as follows:—Mr. Cock, 126; Mr. Adams, 121; Mr. Paget, 116; Mr. Bishop, 108; Mr. Lane, 48, and Mr. Turner, 43. In the evening the Fellows dined together at the Albion Tavern, under the presidency of Mr. Skey.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 2nd inst.:—

Barlow, Robert, Dalston; diploma of Membership dated July 29, 1859.
Barnes, Thomas Henry, Clare, Suffolk; May 6, 1862.
Carter, Jabez, Bedford; June 12, 1862.
Couch, John Quiller, Polperro, Cornwall; May 21, 1862.
Dry, Thomas, Salisbury-place, Walworth; April 23, 1862.
Dandenvale, William, Poulton-le-Fylde; May 8, 1862.
Edwards, Morgan John, Rhoudda Valley, Newbridge, Glamorganshire; Nov. 14, 1861.
Jones, John Lloyd, Treborth, Carnarvonshire; Nov. 14, 1861.
Kernot, Charles Noyce, West Cowes, Isle of Wight; May 8, 1862.
Masters, William Hooper, Yeovil, Somerset; Nov. 14, 1860.
Matthews, James, Hammersmith; April 24, 1862.
Sheppard, Walter George, Dorchester; May 20, 1862.
Rutherford, Samuel, Pulborough, Sussex; April 23, 1862.
Wilson, John Wise, Brunswick-place, Barnsbury-road; Jan. 31, 1862.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult.:—

Brumwell, John Robert, Burnley.
Gabb, Frederic Edward, Cheltenham.
Hubert, Theodore Kelsall, St. George's Hospital.
James, James, Aberavon.
Lee, William Edward, Bideford, Devon.
Richards, Henry Ebenezer, St. George's Hospital.
Robinson, Hugh, Ripon, Yorkshire.
Rowland, Henry Orford, Ipswich.

The following gentlemen also on the same day passed their first examination:—

Carter, Richard, Charing-cross Hospital.
Fry, John Elliant, Sydenham College, Birmingham.
Julius, George Frederic H., King's College.
Ring, John, Middlesex Hospital.

[The Christian names of Mr. Hayden, who passed the first examination at the Hall on the 19th ult., should have been "William Gallimore," and not "William George," as published in THE LANCET of last week.]

OXFORD UNIVERSITY.—At a Congregation held on the 26th ult., the following degrees were conferred:—

DOCTOR OF MEDICINE.
Moore, William Daniel, Trinity College, Dublin.

BACHELORS OF MEDICINE.
Clarke, William Fairlie, Christ Church, College.
Cracknell, Henry Heames (Fellow), Oriel College.
Evans, Herbert Norman, Exeter College.
Harrington, James Douglas, Exeter College.

HOUSE OF COMMONS.—The amended Petroleum Bill passed the third reading on Wednesday evening last.

MUNIFICENT BEQUEST.—The late James Shaw Taylor, Esq., has bequeathed £2000 to the Huddersfield Infirmary.

THE FAILURE OF THE OPIUM CROP in India has had the effect of considerably increasing the market value of this drug.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The Cambridge meeting of this Association has been postponed till October.

POISONINGS AND ATTEMPTED SUICIDE ON LUDGATE-HILL.—Mrs. Vyse has been finally committed to Newgate for trial.

THE ANTIQUITY OF PLAGUE.—M. Chabas has recently thrown great light on the probable antiquity of plague. It was known to the ancient Egyptians under the name of Aat.

MIDDLESEX HOSPITAL.—The annual distribution of prizes will take place on Friday next, the 11th inst., at three o'clock P.M., Captain the Honourable Francis Maude, R.N., in the chair.

THE BRITISH MEDICAL ASSOCIATION.—The annual meeting of the Lancashire and Cheshire branch of this Association was held at the Royal Institute, Manchester, on the 25th ultimo. The next annual meeting will be held at Liverpool.

CHARING-CROSS HOSPITAL ACCOUNTS.—At the Manchester meeting of the British Medical Association, the mode of keeping accounts at this hospital was especially recommended for imitation by all similar institutions.

UNIVERSITY OF OXFORD.—THE COMMEMORATION.—In a convocation holden on the 2nd inst., amongst other distinguished persons, Dr. Thomas Watson, President of the Royal College of Physicians, was selected as one upon whom the honorary degree of D.C.L. will be conferred.

FLOATING SANITARIUM.—The "Bentinck" is now stationed as a floating hospital at the mouth of the Hidgelee river, Bengal. The situation is, perhaps, the best that could be selected, its occupants having all the benefits to be derived from the ocean breezes.

DEATH FROM CHLOROFORM.—On Monday, the 23rd ult., an inquest was held on Mrs. Susan Harrison, whose death was occasioned by chloroform, administered at the Bath United Hospital to facilitate an operation for the removal of a tumour. From a post mortem examination, it appeared that the deceased suffered from fatty degeneration of the heart.

THE WEIGHT OF THE HUMAN BODY AT DIFFERENT SEASONS OF THE YEAR.—Mr. Milner weighed the prisoners in Hull Gaol for five years, and found that they regularly increased in weight from April to November, and decreased from November to March. The diet was the same all the year round, and as nearly as possible the same temperature was maintained.

SENIOR INDIAN MEDICAL OFFICERS.—It is believed by the authorities in Calcutta that such of the senior medical officers as shall be included in the retiring scheme, and shall be willing to accept the pensions offered, will be able to retire and leave India as early as October; and we understand that the time within which resignation can be given is to be extended to the 31st of December, subject, however, to prolongation by the Indian Government, should it consider such an extension expedient. The rates of retiring pensions are exceedingly liberal.

ST. MARY'S HOSPITAL.—The annual festival in support of this hospital was held in Willis's Rooms on the 28th ult.; Sir Charles Rowley, Bart., in the chair. In proposing "Prosperity to St. Mary's Hospital," the Chairman remarked it was only last year that the hospital was in great difficulties, and only owing to the good rendered by a meeting presided over by the Bishop of London that it was rescued from much danger. The subscriptions during the evening amounted to upwards of 500 guineas.

THE LAMBETH VESTRY AND DR. ODLING.—At a meeting of the Vestry of the parish of St. Mary, Lambeth, held on the 26th ult., the announcement of Dr. Odling's resignation as medical officer of health having been made, it was resolved unanimously,—"That this vestry accepts with regret the resignation of Dr. Odling, and in doing so expresses its appreciation of his valuable services during the period he has held the position of medical officer for this parish, and requests Dr. Odling to continue his duties until his successor be appointed."

INDIAN MEDICAL STAFF APPOINTMENTS.—It is stated in the *Calcutta Englishman* that it is the intention of Government to abolish on and after the 1st of January next the greater number of the medical staff appoin ments held by its medical officers in the Presidency, and through whom the general public in Calcutta are provided with medical attendance. Several, however, who will retire under the new scheme will remain some time longer in Calcutta as private medical practitioners.

ST. THOMAS'S HOSPITAL.—A Bill now under the consideration of Lord Redesdale, and about to be referred to a Committee of the House of Commons, is to enable the Lord Mayor and Corporation of London and the Governors of St. Thomas's Hospital to convey the present site of it to the railway company and to acquire a new site elsewhere. After reciting the charter of Edward VI., and stating that the purchase-money for the hospital, amounting to £296 000, has been paid by the railway company into the Court of Chancery, the Bill asks for statutory powers to confirm the agreement and to erect a new hospital on a new site, and to raise in addition £50,000 for the purposes of the Act.

HYDROPHOBIA AND THE MATERNAL INSTINCT.—Two bitches with young were lately attacked with hydrophobia, and looked up at the veterinary school of Alfort, near Paris. They both had very severe fits, and soon afterwards were noticed to give birth to pups. Much curiosity was excited respecting the manner in which they would treat their young; and it was observed that they evinced the usual tenderness in suckling them, being careful not to injure their young when seized with the fits. After these attacks, with their mouths streaming with foam, they would lick the pups, and show great fondness. Both bitches soon died, and it was attempted to rear their young by offering them milk, which they readily took. The pups, however, survived their mothers but a short time.

JAPANESE MEDICINE AND SURGERY.—At the eastern end of the Japanese Court in the International Exhibition is a most valuable collection of Japanese drugs and surgical instruments. Of the value of this pharmacopœia we can of course give no opinion, beyond saying that all the medicines seem derived from herbs. Their surgical instruments are, however, as numerous and formidable as if the Japanese were accustomed to have railway accidents on a colossal scale every day in the week. One thing is evident of their surgery, which is, that the terrible practice of resorting to the actual cautery is still maintained, and the irons used in this dreadful operation are shown with the other instruments.—*Times.*

THE CULTIVATION OF THE CINCHONA IN JAVA has been entrusted to the superintendence of Dr. D. F. Junghun, and it is the intention of Government to leave it under his care until the experiment is quite successful. The present annual outlay of the establishment amounts to £3256, and it is anticipated that a most satisfactory return will be made.

OVARIOTOMY IN PARIS.—Professor Nélaton has just performed the operation of ovariotomy, on a woman of twenty-six, who had been ill only one year, but with whom the accummulation of water was so rapid that she was tapped in May last. The cyst filled again in a short time, and M. Nélaton removed the whole growth on the 17th ult. After the incision of the abdominal walls, the cyst was seized with blunt forceps and tapped. When quite emptied, it was found to adhere to a portion of omentum, which latter was cut, a small piece of it remaining attached to the cyst. The latter was connected with the uterus by a very narrow pedicle, which was seized with a peculiar instrument, and divided. Three small omental arteries were tied, and the wound closed by six metallic sutures. Some blood had trickled into the abdomen, and as M. Nélaton considered that it might decompose, and be of great prejudice, he removed it from the cul-de-sac between the uterus and rectum by means of a sponge twice the size of a fist. The cyst was multilocular, and contained about eight quarts of a viscous stringy liquid. The patient was operated on in a country house near Paris, and was in a very favourable state a week after the operation. We must not omit to state that, on the 2nd of June last, Mr. Kœberlé, deputy-professor at the Faculty of Medicine at Strasburg, performed the operation of ovariotomy on a woman of twenty-six. The diameter of the cyst was from nine to ten inches; and we are glad to say that, on the 20th of June, the patient was doing extremely well, and likely to make a good recovery.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—The quarterly court of this institution was held at the hospital on Monday last. The principal business was the presentation of a Report from a Committee appointed to consider the expediency of erecting a new building for the out-patient department. The Committee recommended the purchase of a site adjoining the hospital, and the appropriation of certain funds for that purpose, which report was agreed to. This addition to the hospital is much needed in order to meet the great demand upon it, arising from a large population. The preliminary steps having now been taken, it is hoped that ere long we may see a good building capable of meeting all the requirements of the out-patient department. E. Mortlock, Esq., was appointed treasurer for the year, and the several tenders for provisions, &c., were accepted, which concluded the business.

JUNIOR MEDICAL SOCIETY OF LONDON.—At a meeting of this society, held at Westminster Hospital on the 1st inst., Christopher Heath, Esq., vice-president, in the chair, the following pathological specimens were exhibited:—"Fractured Pelvis," by Mr. Gandy (Westminster Hospital); "Fibroid Tumour recurrent after Amputation of the Shoulder-Joint," by Mr. Hatherly (Westminster); "Mr. Holt's Dilator, and a Specimen of Stricture after operation," by Mr. Clarke (Westminster); "Cancer of the Neck, involving the Trachea and Œsophagus," by Mr. Heath. The same gentleman exhibited a boy suffering from spurious anchylosis of the jaw, caused by the contraction on the right side of cicatrices, consequent upon sloughing after scarlet fever. Dr. Mark R. Tanner read a paper upon "Uterine Hæmorrhage, especially with regard to Placenta Prævia and its Treatment." After a lengthy discussion, the meeting was adjourned to the 21st October.

MADRAS MEDICAL COLLEGE MUSEUM.—The Madras Government has expressed its gratitude to Dr. Montgomery, Professor in the Medical College, for a valuable gift of diagrams of the human body, drawings of extinct animals, botanical and physiological drawings, made by himself; also drawings and wax models, made by the late Dr. Montgomery of Dublin, illustrating the diseases of women and children. The originals of the latter were purchased, with the rest of the Montgomery museum, for the use of the Queen's College, Galway, by her Majesty's Government in 1858.

THE LATE UNFOUNDED CHARGE OF POISONING AT KNIGHTSBRIDGE.—On Tuesday evening last a numerously attended public meeting took place at the Duke of Wellington's Riding School, Knightsbridge, which his Grace had lent for the express purpose; the Rev. Dr. Wilson, of Gough House, Chelsea, in the chair. The following resolution was passed:—"That this meeting, consisting of the friends and neighbours of Mr. Henry Richard Phillips, desirous of expressing their feeling of indignation at the recent unjust and groundless charges brought against him, take this opportunity of showing the deep sympathy they have felt for him in his distressing position, and their extreme gratification that, on a full investigation of the case before the coroner at Kensal-green, June 23rd, 1862, it was declared by that officer and the jury that there was no foundation whatever for these charges."

FACTS AND FINE ARTS.—Attention is directed by *L'Union Médicale* to an oil painting hanging in the meeting room of the Academy of Medicine of Paris. It represents Harvey coolly removing the anterior parietes of a living man simply to give Charles I. the pleasure of watching the heart's pulsations. The great physiologist is cruelly wronged by the artist, as such an occurrence never took place. It is true, however, that Harvey showed to the King a young nobleman who had an *accidental* hole in his chest; but he never was guilty of such an act of barbarity as the artist gratuitously charges him with.

DEAF MUTES.—The first number of the "Social Science Review," just published, contains a curious paper on the statistics of the births of deaf and dumb children collected by M. Boudin, supporting the popular dislike of marriages of consanguinity on physical grounds. According to M. Boudin the result is a very considerable per-centage of deaf mutes. Where the relationship is the nearest, the per-centage is the highest. M. Boudin finds that consanguineous marriages take place in France in the ratio of 2 per cent. of the population; that of the issue of such marriages the proportion of deaf and dumb children is 28 per cent. in Paris, 25 at Lyons, and 30 at Bordeaux. At Berlin he has discovered that the number of deaf and dumb children born of Christian parents is 6 per cent.; while that of the children of Jewish parents is 27 per cent.—a result which he attributes to the fact that Jews intermarry with blood relations more frequently than Christians.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 28TH.—The deaths in London in the week that ended last Saturday were 1066. They exhibit a decrease on the returns of the previous three weeks of June, when they exceeded 1100. Both scarlatina and typhus are now less fatal than they were in the earlier part of the year. Last week measles predominated among diseases of the epidemic class, and it carried off fifty-nine children. Four deaths from measles were returned in Spitalfields, 4 in Limehouse. Of 49 cases in which scarlatina was fatal, 6 occurred in the Kensington Town sub-district, 5 in Somers Town. Forty-seven deaths occurred from typhus, 8 of which were returned by the London Fever Hospital. In the workhouse Mile-end Old Town two persons, husband and wife, died of typhus, the former on the 21st inst., the latter on the 20th inst.

Births last week were—Boys, 897; girls, 910. Total, 1807.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·762 in. The reading rose from 29·57 in. on Sunday to 30·02 in. on Wednesday, and fell to 29·59 in. on Friday. The mean temperature of the air in the week was 56·2°, which is 4·4° below the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily temperature was below the average on every day, and on Saturday the amount of depression was 8·5°. The highest day temperature was 72·5°, on Thursday. The lowest night temperature was 43·8°, and occurred on Saturday. The range of the thermometer in the week was therefore 28·7°. The mean daily range was 17·7°. The difference between the mean dew-point temperature and air temperature was 7·7°. The mean degree of humidity of the air was 77, complete saturation being represented by 100. The wind blew generally from the north-west. The highest reading of a thermometer in the sun was 115° on Monday and Thursday. Rain fell on four days, but the total quantity measured was only 0·09 in. The mean of the highest temperatures of the water of the Thames was 60·3°; that of the lowest was 58·1°. The highest readings and the lowest as reported, continued without variation after Monday, and were respectively 60·6° and 58·4°.

MEDICAL VACANCIES.

THERE is a vacancy for an Apothecary at the new Lock Hospital.

The Lectureship on Medical Jurisprudence at the Liverpool Royal Infirmary School of Medicine has become vacant in consequence of the retirement of Dr. Ayrton.

There will shortly be a vacancy for a Medical Officer for the No. 1 Crewkerne District of the Chard Union.

A vacancy has occurred in the Salop Infirmary for a House-Surgeon.

The office of Accoucheur to the St. George's and St. James's Dispensary has become vacant by the resignation of Dr. W. H. Roe.

MEDICAL APPOINTMENTS.

DR. GEORGE C. PIRIE has been appointed Physician to the Dundee Royal Infirmary; and Dr. Wm. Crockatt has been appointed Attending Surgeon.

Dr. George B. York has been elected Medical Officer and Public Vaccinator for the sixth District of the Upton-upon-Severn Union, Worcestershire, vice Mr. Charles J. Axford, resigned.

Dr. John C. Bury has been elected Medical Officer for the Workhouse of the Wisbeach Union, vice Mr. Wm. H. Hole, resigned.

Mr. Wm. W. Phillips has been elected Medical Officer and Public Vaccinator for the Northern District of the Whittlesey Union, Cambridgeshire, vice Mr. Peter V. Timothy, resigned.

Mr. Davis D. Tate has been appointed Resident Medical Officer to the North Union Workhouse, Dublin, vice Mr. Gerard Brown, deceased.

Dr. Albert Davies has been appointed Surgeon to the newly established Dispensary, Ely, Cambridgeshire.

Mr. H. Blenkinsop has been appointed Surgeon to the County Prison at Warwick, vice Mr. Thomas Wheatley Hiron, resigned.

Mr. Joseph Aston has been elected Medical Officer and Public Vaccinator for the Waddingham District of the Caistor Union, Lincolnshire, vice Mr. Wm. N. Paterson, whose term of office has expired.

The following appointments were made at the Admiralty on the 20th ult.:—Wm. Richardson, Surgeon, and John Mulvany, Assistant-Surgeon, to the *Rosario*; Wm. H. Bisson, Acting Assistant-Surgeon (additional), to the *Narcissus*.

Births, Marriages, and Deaths.

BIRTHS.

On the 21st ult., at St. Germain's-terrace, High-road, Lee, the wife of Wm. Lamb Shine, Esq., M.R.C.S., of a son.

On the 21st ult., at her father's (A. Martin, M.D.) house, at Rochester, the wife of Michael Beazeley, Esq., of a son.

On the 23rd ult., at Battle, Sussex, the wife of Henry Montagu Champneys, Esq., F.R.C.S., of a daughter.

On the 24th ult., at Church-street, Lower Edmonton, the wife of Chas. Jas. Morris, Esq., M.R.C.S., of a son.

On the 27th ult., at Chesterfield-street, Mayfair, the wife of Wm. H. Dickinson, M.D., of a daughter.

On the 29th ult., at St. George's-place, Brighton, the wife of D. Richards, Esq., M.R.C.S., of a daughter.

On the 29th ult., at Park-street, Bristol, the wife of F. Poole Lansdown, Esq., M.R.C.S., of a daughter.

On the 30th ult., at Onslow-square, the wife of Neville Wood, M.D., of a daughter, still-born.

On the 1st inst., at Peckham, the wife of H. Armstrong, M.D., of a son.

MARRIAGES.

On the 5th ult., at St. Peter's Collegiate Church, Wolverhampton, T. Vincent Jackson, Esq., M.R.C.S., (late Resident Surgeon to the South Staffordshire General Hospital, Wolverhampton,) of Darlington-street, Wolverhampton, to Alice Jane, eldest daughter of James Gatis, Esq., M.R.C.S., of North-street, Wolverhampton.

On the 16th ult., at St. John's Church, Windsor, Chas. John Smith, Esq., M.R.C.S., eldest son of Charles Smith, Esq., of Church House, Newington, Surrey, to Sarah Anne, only child of John and Sarah Clode, of Park-street, Windsor.

On the 1st inst., at Kingston Church, Portsmouth, Arthur M. Garrington, M.D., of St. George's-square, Portsea, youngest son of W. H. Garrington, Esq., J.P., to Sarah, youngest daughter of W. Moody, Esq., H.M.'s Dockyard, Portsmouth.

DEATHS.

On the 23rd ult., at Holborn-hill, Mary, the wife of Augustus Greatrex, Esq., M.R.C.S.

On the 27th ult., at Fulbourne, Cambridge, Louisa, the wife of George W. Lawrence, M.D., aged 30.

On the 27th ult., at Cambridge, Eliza Sophia Hough, eldest daughter of Jas. Hough, Esq., M.R.C.S., aged 15.

On the 28th ult., at Matlock, Dr. Daniel Carter, R.N., of Packington-street, Islington, aged 40.

BOOKS ETC. RECEIVED.

Mr. Ashton on Prolapsus, &c.
Mr. L. Clark on the Electric Current in Long Submarine Cables.
Dr. A. J. Bernays on the Science of Home Life.
Dr. Kramer on Diseases of the Ear.
Mr. Milton on Gonorrhœa.
Mr. Townley on Parturition without Pain.
Dr. Earle on the Mammary Signs of Pregnancy.
Dr. Greenhill on Cottage Improvement Societies.
Dr. Bryne on Pelvic Hæmatocele.
Dr. Harkin on Registration of Births.
Dryden's Hints to Anglers.
Dr. Campbell on Ligature of the Gluteal Artery
Dr. S. Smith's Handbook of Surgical Operations.
Dr. Lee on the Medical Profession.

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Medical Diary of the Week.

MONDAY, JULY 7	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL.—The following Operation will be performed at 2 P.M.:—By Mr. G. B. Childs: Lithotomy. ROYAL INSTITUTION.—3 P.M. General Monthly Meeting. EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Hermann Weber, "On Hirsch's Handbook of Historico-Geographical Pathology." — Dr. S. Hall (Hobart Town), "Vital Statistics of Tasmania."
TUESDAY, JULY 8	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, JULY 9	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. NORTH LONDON MEDICAL SOCIETY.—8 P.M.
THURSDAY, JULY 10 ...	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M.
FRIDAY, JULY 11.....	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, JULY 12 ...	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 3 P.M.

To Correspondents.

A Sufferer.—A strong solution of tannin in ether has lately been employed in dental caries, where the dentine is very sensitive, but without exposure of pulp. Mr. Bartlett has recommended a solution of tannin in the ordinary camphorated spirits of wine as being preferable in such cases. In applying creasote, the latter should be mixed with some collodion, as advised by M. Stanislas Martin. By this means a gelatinous consistency is obtained in the agent employed, which, forming a varnish over any orifice in the carious tooth, prevents the access of air to the sensitive parts.

VENOMOUS CATERPILLARS.

To the Editor of THE LANCET.

SIR,—On the morning of June 21st, I was summoned to see T. V——, a fair-complexioned, delicate boy, aged eleven years, who had been stung by caterpillars the evening before. The lady in whose establishment he resides said that he had gone with the other boys, with whom he is at school, for a walk on the previous evening, and had collected a number of caterpillars of the sort called the woolly-bear, for the purpose of keeping them for the chrysalis. On his arrival home, he felt his face and neck itch, and rubbed them with the handkerchief in which he had carried the insects. The irritation soon became almost intolerable, and he passed a restless night.

On examination, I found the forehead, face, and neck covered with an eruption resembling urticaria. During the day this became vesicular, and was accompanied with great effusion into the eyelids and submaxillary region, with congestion of the conjunctivæ. At the same time the irritation increased to such a degree that the child was not still for an instant. There was also considerable constitutional disturbance. To allay this irritation, I ordered a lotion of solution of lead and hydrocyanic acid, and gave a smart aperient. This allayed the irritation, which, however, remained, though in a slighter degree, till the 23rd, when it disappeared, and I then ordered a tonic. On the 24th he was quite comfortable; but the skin of the parts affected remained harsh and dry, though with no symptoms of desquamation of the cuticle.

The great prevalence of these insects this year induces me to bring this case before the profession, as perhaps some of your readers can inform me if the symptoms are the effect of some peculiar secretion of the caterpillars, or of the hairs with which they are covered.

I omitted to state that two other boys suffered in the same way, though in a less degree. I remain, Sir, yours, &c.,

Deal, June, 1862. GEORGE MASON, M.R.C.S.E.

A Subscriber, (Walmer.)—We regret to have to inform our correspondent that no easy test is known whereby the presence of alum in bread may be discovered. The process is long and tedious, and can scarcely be carried out except by a practised chemist.

An English Surgeon.—He is entitled to wear the academic cap and gown.

EXTENDED MENSTRUATION.

To the Editor of THE LANCET.

SIR,—There is an old woman in this neighbourhood who has never ceased being perfectly regular in her catamenial periods, notwithstanding her age is 74!

Thinking this fact might be sufficiently rare to deserve recording in your columns, I am, Sir, yours obediently,

Wateringbury, June, 1862. S. NORTON, M.D.

Wolverhampton.—The process is carried on by the decomposition of common salt by sulphuric acid. In many of the manufactories sulphuric acid is also made (in the same building) by condensing the sulphurous vapours given off; and in these cases not any injury is sustained by the neighbourhood, whilst the profits are said to be much augmented.

T. R.—Yes; the hospitals at Yorktown, Fort Monroe, Washington, Philadelphia, New York, &c., are already crowded, and the influx is on the increase.

THE DEATH-RATE OF LIVERPOOL.

To the Editor of THE LANCET.

SIR,—Though great sanitary improvements have no doubt been effected in Liverpool, and though the rate of mortality in that town is not so frightfully high as it was ten years ago, I do not think its inhabitants have even yet sufficient reason to "crack sae crouse" about its healthfulness. All that can fairly be said for Liverpool is, that it has passed Manchester in the race. It still lags behind our other great towns.

Since reading the letters in your journal on this subject, I have had the curiosity to examine the latest Quarterly Reports of the Registrar-General. Of these I have three, comprehending the period from July, 1861, to March of the present year. The Report for the spring quarter of 1861 chances to be amissing, wherefore I have substituted figures drawn from that for the spring of 1860—a substitution which, so far as I can judge, does not affect the case of Liverpool unfavourably. The following per-centages express the rates of mortality in eight of our most populous cities for the period of twelve months thus defined:—

	Per cent.
Manchester (with Salford and Chorlton)	2·94
Liverpool (with West Derby)	2·78
Newcastle-upon-Tyne	2·74
Sheffield	2·62
Leeds (with Hunslet)	2·57
Birmingham (with Aston)	2·29
London	2·25
Bristol (with Clifton)	2·17

In this comparison I have given Liverpool the benefit of her suburbs, as it is but fair; but have kept the balance even by annexing to some of the other towns such districts as stand to them in an analogous relation to that which West Derby holds to Liverpool.

Clearly, though Liverpool may ask of us some modicum of praise, it is not yet time for her to put off her armour, and begin to boast herself.

I am, Sir, yours truly,

Clifton, June, 1862. JOHN BEDDOE, M.D.

M.D. Univ. Edin.—1. No announcement has yet been made.—2. To the Medical Director-General of the Army, Whitehall-yard.

A Reader of THE LANCET *for many years.*—Cloth covers for binding the volumes are sold at THE LANCET Office, price 2s. each. Any bookbinder will procure them. The extra charge for binding would be about ninepence per volume.

HAY FEVER.

To the Editor of THE LANCET.

SIR,—Will any of your professional readers oblige me by informing me of any treatment that is likely to be beneficial in hay fever? I have a patient who is a martyr to it, whose Schneiderian membrane is in such a delicate state that the first approach of summer causes the most violent cold and catarrh, which last, with short intervals, throughout the summer. He has tried residence by the sea-side, but it has been of no avail.

I shall feel thankful for any suggestions, and am, Sir,

Yours obediently,

Edinburgh, July, 1862. MILES.

M.R.C.S. and L.S.A. will find full particulars of the regulations relating to the Scotch Universities in the Students' Number of THE LANCET.

X. Y.—He is not upon the Register.

Mr. M. W. Hillier.—The article has not reached us.

POOR-LAW MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—In your impression of the 21st June, my name is mentioned as one of a committee proposed by Dr. Fowler "to watch over the interests of the Poor-law medical officers." Most willing as I am to conduce in any way to a settlement of the long-agitated Poor-law Medical Reform question, I regret that my time is too much occupied to allow me leisure for the duties of one of a committee, which must be from its nature a hard-working one. It is a matter much to be regretted that the medical officers cannot agree on some basis to submit to the Select Committee; for unless we can state our wants, it is idle to expect relief from Parliament. The Select Committee also appear to consider the subject of medical relief as one of minor importance, and decline going into the detail of schemes proposed to them.

Is it not possible that the conflicting interests of town and country, as represented by Dr. Fowler and Mr. Griffin, may be so modified that, by mutual concession, one good scheme may arise from two which are imperfect?

I am, Sir, your obedient servant,

Crewkerne, June, 1862. G. F. WILLS, M.R.C.S.

Mr. W. Harvey is thanked. The "In Memoriam" is most feelingly written, but unsuited for THE LANCET.

Melbourne University.—Several correspondents having addressed us respecting the institution of a new Chair of Physiology in this University, we beg to state that the time for receiving applications expired nearly a fortnight ago.

A WOMAN WITH THREE BREASTS.

To the Editor of THE LANCET.

SIR,—As a pendant to Mr. Paull's singular case, reported in THE LANCET of June 14th, I attended a woman in her second confinement in February, 1861, who had three breasts: two well formed, and somewhat larger than usual. Immediately below the left mamma was a supernumerary breast, about two inches and a half in diameter, full of milk, and with a well-developed areola and nipple. When not suckling, this nipple resembles a mole, and lies flat, for which it was taken until pregnancy revealed its true character.

I am, Sir, yours respectfully,

Stoke-upon-Trent, June, 1862. H. SCHOLFIELD JOHNSON, M.D.

S. C. R. and *U. G. O.*—Dr. Mushet's committee have made no appeal to the profession for support; but there can be no doubt that he is defending the interests of his brethren in contesting for the office of Coroner for the Western division of Middlesex.

H. N.—The disease is treated in all the London general hospitals.

Students.—Try Anthony Todd Thompson's work upon Diseases of the Skin, as edited by Dr. Parkes. It is thoroughly practical.

H. A. A.—Pillischer, New Bond-street.

Dr. Gason's paper, "On Intermittent Fever," has been received.

MARRIAGES BETWEEN ALIENS.

To the Editor of THE LANCET.

SIR,—In accordance with the motto, "Audi alteram partem," I shall feel obliged if you will insert this communication on marriages the antitheses of those between near relatives.

Of 44 marriages between individuals of different European nations, being the entire number of those which have hitherto fallen under my own observation, the results are as follows:—

Husband.	*Wife.*	*No. of Children.*	*Condition of Offspring.*
German ...	English ...	6	All daughters. 1 married, and was issueless; 5 died unmarried.
German ...	English ...	11	Condition unknown.
German ...	English ...	0	
German ...	English ...	3	2 sons, 1 daughter; all phthisical. One of the sons had also hip disease; he married, but was issueless.
German ...	†English ...	0	
German ...	English ...	2	A son and daughter, both insane.
German ...	*English‡ ...	3	2 deaf and dumb, with loss of control over the muscles of the orbits.
German ...	*English ...	5	All young, and at present healthy.
German ...	English ...	6	Condition at present unknown; when young were delicate.
German ...	English ...	1	An only son, who married, and had a family; their condition unknown.
German ...	English ...	2	Healthy.
Prussian ...	English ...	2	1 daughter died in childhood; 1, a son, insane, and committed suicide.
Prussian ...	English ...	0	
Prussian ...	English ...	0	
Prussian ...	English§ ...	0	
Prussian ...	English‖ ...	14	6 died in infancy and childhood. Of the 6 who reached adult age, 1, a daughter, was dwarfish, and had curvature of the spine; 5 sons had families.
Pole ...	English ...	3	All at present healthy.
Pole ...	Irish ...	...	Number and condition of children unknown.
Russian ...	English ...	1	A son delicate. The brothers of the mother, who married their own countrywomen, had large families; 1 had 17 children.
French ...	*English ...	3	1 idiot, 1 died in infancy, 1 now an infant.
French ...	English¶ ...	1	An only son, who married, and had 1 child, a son, who married, and died issueless.
French ...	English ...	3	All daughters. Only 1 married; she had several children.
French ...	*English ...	3	1 died; 2 living, healthy.
French ...	*English ...	2	1 dead; 1 living, healthy.
French ...	English ...	3	1 daughter an idiot.
French ...	English ...	1	A son, hydrocephalic.
French ...	†English ...	0	
French ...	*English ...	1	An infant.
Italian ...	English ...	3	1 still-born, 1 died in infancy.
Italian ...	*English ...	2	At present infants.
Italian ...	*English ...	1	
Italian ...	English ...	...	Number and condition of children unknown.
Italian ...	English ...	3	1 son an idiot.
Italian ...	French ...	...	Number and condition of children unknown.
Dutch ...	English ...	7	2 sons; 1 died in childhood, 1 an idiot. 5 daughters; 2 were paralyzed, 2 died unmarried, 3 married. Of these, 1 died issueless; 1 had an only daughter, who died in childhood; the 3rd had an only daughter, living.
Swiss ...	†English ...	2	1 scrofulous, dead; 1 living.
Spanish ...	English ...	0	
Spanish ...	German ...	1	Died soon after birth.
Irish ...	French ...	8	1 died in infancy, 1 son an idiot, the remaining 6 of weak intellect.
English ...	German ...	0	
English ...	Prussian ...	0	
English ...	French ...	0	
English ...	*French ...	1	A daughter healthy.
English ...	Portuguese .	0	

Since the subjects of my investigation are European Tapetidæ inhabiting Europe, there cannot be raised that objection which applies to those of Dr. Bemiss (and which has not been referred to in the able treatise of Dr. Gilbert Child), they being, I presume, the same variety transplanted on the continent of American Mongolidæ; for such colonization is in itself sufficient to produce degeneration of race.

As I have no reason for believing the instances I have adduced are exceptional, if others of your readers would contribute their experience a large amount of information might be obtained on this important hygienic subject.

I am, Sir, your obedient servant,

June, 1862. S. ANDERSON SMITH, F.R.C.S.

* Not past the age of childbearing.
† Not past the age of childbearing, yet married many years.
‡ The mother by a former English husband has a healthy family.
§ The wife by a former English husband had a family.
‖ The English mother was one of 21 children.
¶ The mother by a second husband (English) had 2 sons, both of whom had families.

Mr. H. Taylor, (Guildford.)—The list was inserted by accident; but Mr. Taylor's colleagues cannot surely take offence at its publication. We are accountable for the addition of the comments.

C. L., (Midland.)—The syrup of the phosphate of iron is a useful and elegant preparation, but is not a stable one.

EMIGRANT SURGEONS.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent, "S. G. S.," (THE LANCET, June 14) I would most emphatically urge him to qualify, if possible, before setting out for either of the colonies mentioned in his letter—that is, unless he could turn his attention to something else, say a chemist's business, providing he could not meet with an assistantship.

Assistants are generally well paid; but are not so much in requisition as at home, as the principal cities and towns are well supplied with qualified men, who prefer getting into practice at once. New Zealand would be a much less likely field than Australia in its present capacity; in fact, I think he would do better to lose sight of that colony altogether for some two or three years, until Sir Geo. Grey has had sufficient time to place the Maories and Europeans on a footing equal to that which existed before the outbreak of the last unfortunate disturbance.

Moreover, I am able to tell him that he would not obtain an appointment to a ship without a diploma, as both private companies and Government inspectors are most particular in that respect. I speak from a ten years' residence in Australia (having been the first medical pupil in the colonies), and also from having lately returned from New Zealand as surgeon to one of the "White Star" clippers.

If "S. G. S." will drop me a line, I shall be happy to give him all the information I possess, which would take up too much space in your valuable journal.

I remain, Sir, yours, &c.,

HY. HOWTON, M.R.C.S. & L.M.

Holyhead-road, Wednesbury, Stafford, June, 1862.

Dr. Barnes' lecture, "On the Instruments used in Midwifery," will be published in our next number.

Honestus.—Such a state of things is to be regretted; but there would appear to be no remedy.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—In many instances medical assistants are bound by their employers not to practise or to engage as an assistant to any other person within a prescribed distance of the principal's residence after leaving him, under a penalty of a certain amount. Now, I consider such a proceeding is anything but fair towards the assistant, and in many instances is quite illegal; and for further information on this subject, I would advise assistants to read a small book, price 1s., called "The Employer and the Employed" (pages 27 and 29), by Jas. Walter Smith, LL.D., and published by Effingham Wilson, Royal Exchange.

We have now a Medical Assistants' Society, but it is only for a benevolent purpose. We want an Association where the rights and interests of the medical assistant will be upheld, as no class of persons in the profession require more protection than that of the ill-paid and in many instances badly treated assistants.

I am, Sir, yours respectfully,

June, 1862. A QUALIFIED ASSISTANT.

Mr. C. Cooper.—The correspondence really amounts to very little. There was a misunderstanding simply; not, we think, a wilful attempt to damage.

Pater.—It is not poisonous.

Mr. Horsley's letter on the "Detection of Strychnine," having already appeared in print, cannot be inserted in THE LANCET.

CASE OF HYSTERIA (?).

To the Editor of THE LANCET.

SIR,—Perhaps some of your readers will suggest a remedy in the following case:—

A young lady, aged sixteen, has for the last five weeks vomited everything taken, either immediately or in the course of a quarter of an hour. She has menstruated regularly for the last twelvemonth; her appetite is generally good, and bowels regular. She has been suffering also from a loud, noisy cough, but nothing wrong can be detected by auscultation. She has become emaciated to a considerable extent, but looks pretty well in the face. At first I was under the impression that she was suffering from ulceration of the stomach; but, after watching the symptoms, I believe the case to be one of hysteria. Effervescing draughts, prussic acid, creasote, quinine, steel, ice, assafœtida, and solid opium have all been administered with no effect. Medicine shares the same fate as food.

I am, Sir, your obedient servant,

July, 1862. KAPPA.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Hilton; Dr. Peacock; Mr. C. Hawkins; Dr. W. H. Stone; Mr. S. Highley; Dr. R. Lee; Mr. J. Bond; Mr. J. H. Chamberlaine; Mr. Garrington, Portsmouth; Mr. W. S. Plowman; Mr. Paterson, Brigg, (with enclosure;) Mr. Worthington, (with enclosure;) Mr. Nunneley; Mr. J. Graham; Mr. T. Constable; Mr. H. Aldous; Mr. F. Moggy, Lancaster; Mr. R. H. Bennett, Manchester; Mr. J. Mitchell, (with enclosure;) Dr. Barlow, (with enclosure;) Dr. Sweeting, Chatteris, (with enclosure;) Mr. Ashton, Walton-le-Dale, (with enclosure;) Mr. Hulme, (with enclosure;) Dr. Armisson, (with enclosure;) Mr. Hilles, Dublin, (with enclosure;) Mr. Batcliffe, (with enclosure;) Mr. Stevens, Tavistock, (with enclosure;) Mr. Cottingham, (with enclosure;) Mr. Taylor, Guildford; Mr. Cornick, Madras; Mr. Sherwood, Hulme, (with enclosure;) Mr. Currie, Brighton, (with enclosure;) Mr. Whymper, (with enclosure;) Mr. W. Bennett, (with enclosure;) Mr. Lansdown, Bristol; Mr. W. Croft, Newark, (with enclosure;) Mr. J. Curtis, (with enclosure;) Mr. R. Fleming; Mr. T. Parsons, Leicester, (with enclosure;) Mr. J. W. Elliott; Mr. Grigg, Salisbury; Mr. P. D. Fletcher, Liverpool; Dr. M'K.; Royal Institution; K.; Metropolitan Free Hospital; Miles; J. M.; H. N.; M.D. Univ. Edin.; H. A. A.; An English Surgeon; A Reader of THE LANCET for many years; A. B. C.; Kappa; Medicus, (with enclosure;) C. R.; &c. &c.